

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 140

0466

1. PLACE OF DEATH— COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Woodboro</u> TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED— STATE <u>Md</u> COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Woodboro</u> TOWN STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>JOHN</u> (First) <u>HAMILTON</u> (Middle) <u>AMBROSE</u> (Last)		4. DATE OF DEATH <u>Jan</u> (Month) <u>21</u> (Day) <u>1951</u> (Year)	
5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 13, 1897</u>
9. AGE last birthday <u>73</u> yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>tenant</u>
11. BIRTHPLACE (State or foreign country) <u>Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>John C. Ambrose</u>		14. MOTHER'S MAIDEN NAME <u>Amanda Smith</u>	
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>—</u>	
17. INFORMANT <u>Mrs. Bertha Ambrose</u>			

18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
447x Immediate cause (a) <u>Chronic myocardial failure</u>	<u>1 year</u>
Antecedent cause(s) (b) <u>Arteriosclerosis, generalized</u>	<u>15 years</u>
61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Essential Hypertension</u>	<u>10 years</u>
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>	<u>8 years</u>
19a. DATE OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
TIME (Month) (Day) (Year) (Hour) OF INJURY	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, 1949, to 2 Jan, 1951, that I last saw the deceased alive on 21 Jan, 1951, and that death occurred at — m., from the causes and on the date stated above.

SIGNATURE <u>Samuel J. McW.</u>	ADDRESS <u>Walkersville Md.</u>	DATE SIGNED <u>22 Jan 51</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>Jan. 24, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>United Brethren</u>
LOCATION (City, town, or county) <u>Thurmont, Fred. Co., Md.</u>	(State) <u>Md.</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 23, 1951</u>	REGISTRAR'S SIGNATURE <u>L. C. Powell</u>	24. FUNERAL DIRECTOR <u>J. C. Barton, Walkersville, Md.</u>
		ADDRESS

100105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rural Middletown		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rural Middletown	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) Barbara (Middle) Alice (Last) Baer	4. DATE OF DEATH	(Month) 1 (Day) 15 (Year) 51
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow	8. DATE OF BIRTH 11/23/1855
9. AGE last birthday 95 yrs.		10. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Middletown, Md
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME Thomas Wiles	
14. MOTHER'S MAIDEN NAME Barbara Shipnet		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT AND ADDRESS Elmer Baer, Middletown, Md.	

18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
<p>450.0 Immediate cause (a) General Arteriosclerosis -</p> <p>97 Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (c)</p>	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 7, 1951, to Jan 15, 1951, that I last saw the deceased alive on Jan 7, 1951, and that death occurred at 7:45 A.M. from the causes and on the date stated above.

SIGNATURE J E Harp M.D. ADDRESS Middletown DATE SIGNED 1-15-51

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE THEREOF 1/18/1951	NAME OF CEMETERY OR CREMATORY Lutheran Cemetery	LOCATION (City, town, or county) Middletown, Md.
DATE REC'D BY LOCAL REG. 1/19/51	REGISTRAR'S SIGNATURE Marie Gladhill	24. FUNERAL DIRECTOR Gladhill Co., Middletown, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL, and give nearest town) TOWN <u>Monterve Frederick</u>		CITY (If outside corporate limits, write RURAL, and give nearest town) TOWN <u>Rural Myersville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Monterve - Rural</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Sarah</u> (Middle) <u>F.</u> (Last) <u>Baker</u>	4. DATE OF DEATH (Month) <u>Jan.</u> (Day) <u>22</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>2-6-1859</u>
9. AGE last birthday <u>91</u> yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (State or foreign country) <u>Myersville, Md</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	13. FATHER'S NAME <u>George Harshman</u>	14. MOTHER'S MAIDEN NAME <u>Annie Baker</u>	
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT AND ADDRESS <u>James Baker, Myersville, Md</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Chronic Nephritis</u>		
Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While at work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1946, to Jan. 51, 1951, that I last saw the deceased alive on Jan. 22, 1951, and that death occurred at 9:20 P. m., from the causes and on the date stated above.

SIGNATURE Bernard O. Kemm (Degree or title) M.D. ADDRESS Frederick, Md. DATE SIGNED Jan. 24, 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>1-25-1951</u>	<u>Lutheran Cemetery</u>	<u>Middletown, Md</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>24 Jan 1951</u>	<u>Elizabeth G. Heck</u>	<u>Gladhill</u>	<u>B. Middletown, Md.</u>

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH CITY Frederick OR give nearest town TOWN Rural Middletown HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Middletown STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)
	Albert	C.	Beachley
6. SEX	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH
male	white		12/16/1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		9. AGE last birthday
farmer	farm owner		79 yrs.
11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		4. DATE OF DEATH
Middletown, Md.	U.S.		1/23/1951
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Henry Beachley	Ann Remsberg		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.		17. INFORMANT AND ADDRESS
no	none		Mehrle Beachley, Middletown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral Hemorrhage
83a Antecedent cause(s) (b) Hypertension
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH

2 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
SUICIDE	INJURY			
HOMICIDE				
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OCCUR?		
OF	While at Not While			
INJURY	Work <input type="checkbox"/> At work <input type="checkbox"/>			

22. I hereby certify that I attended the deceased from 1948, 19, to Jan 23, 1951, that I last saw the deceased alive on Jan 18, 1951, and that death occurred at 6:45 P.M. from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
burial	1/26/1951	Reformed Cemetery	Middletown, Md.	

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Jan 26, 1951

Marie Gladhill

Gladhill Co., Middletown, Md.

100105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 0470 131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS (If rural, give location) 544 East Church Street	
3. NAME OF DECEASED (Type or Print)	(First) CHARLES	(Middle) E. T.	(Last) BEST
5. SEX	Male	6. COLOR OR RACE	White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	Widowed	8. DATE OF BIRTH	June 10, 1866
9. AGE last birthday	84 yrs.	4. DATE OF DEATH	January 16, 1951
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Foreman - Hydraulic Construction Co.		
10b. KIND OF BUSINESS OR INDUSTRY	Maryland		
11. BIRTHPLACE (State or foreign country)	Maryland		
12. CITIZEN OF WHAT COUNTRY?	USA		
13. FATHER'S NAME	John T. Best		
14. MOTHER'S MAIDEN NAME	Margaret J. Dorsey		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	No		
16. SOCIAL SECURITY NO.	048-09-8687		
17. INFORMANT AND ADDRESS	Mr. James H. G. Best, Frederick, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332x Immediate cause (a) _____

83b Antecedent cause(s) (b) _____

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) _____

Cerebral Thrombosis

INTERVAL BETWEEN ONSET AND DEATH
16 DaysII. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan 1, 1951, to Jan 16, 1951, that I last saw the deceased alive on Jan 14, 1951, and that death occurred at 1:45 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan. 19, 1951	Mount Olivet Cemetery	Frederick, Maryland	
DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
19 Jan 1951	Elizabeth G. Hock	C. E. Cline & Son, Frederick, Maryland		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1503246

RECEIVED
JAN 22 1951
U.S. AIR FORCE
HEADQUARTERS
WASHINGTON, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0471
131
Reg. Dist. No.

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Frederick-Rural RD #5</u> (in what place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Frederick-Rural RD #5</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Emergency Hospital</u>		STREET ADDRESS (If rural, give location) <u>Near Frederick,</u>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>FLORENCE WILHELMINA BOLEYN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 27 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9 June 1907</u>
9. AGE last birthday <u>43</u> yrs.		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Harry Icenroad</u>		14. MOTHER'S MAIDEN NAME <u>Lottie Witzler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Lester E. Boleyn, Montevue, R.D. #5, Frederick, Md.</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Pneumonia, prob. virus

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

3 days

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

m.

INJURY OCCURRED While at Work ☐ Not While at Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Never N.B., 19....., to....., 19....., that I last saw the deceased

alive on....., 19....., and that death occurred at 9:35 P.....m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

James B. Thomas

M. D.

Frederick, Maryland

29 Jan 1951

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

30 Jan 1951

Elizabeth G. Hach

M. R. Etchison & Son, Frederick, Maryland

N.B. Under care of Dr. Thomas, Md. who is now out of town. I was informed of this case by Dr. Thomas in regard to diagnosis.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 0472 131

1. PLACE OF DEATH- COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Frederick		LENGTH OF STAY (In this place) 30 years		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		TOWN Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital				STREET ADDRESS 9 East South Street		(If rural, give location)	
3. NAME OF DECEASED (First) WADE		(Middle) ELTON		(Last) BROWN		4. DATE OF DEATH January 26 19 51	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH Oct. 13, 1887	9. AGE last birthday 63 yrs.	If under 1 year If under 24 hrs. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber - Retail Plumbing Shop		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John W. Brown				14. MOTHER'S MAIDEN NAME Florence Amos			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No. 214-10-5842		17. INFORMANT AND ADDRESS Mrs. Wade E. Brown, Frederick, Maryland			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
420.0 Immediate cause (a) Cerebral Thrombosis		Days	
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease		years	
II. OTHER SIGNIFICANT CONDITIONS (c) Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 24 Jan., 1951, to 26 Jan., 1951, that I last saw the deceased alive on 25 Jan., 1951, and that death occurred at 6:40 A. M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE Jan. 28, 1951	NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	LOCATION (City, town, or county) Frederick, Maryland	(State)
DATE REC'D BY LOCAL REG. 27 Jan 1951	REGISTRAR'S SIGNATURE Elizabeth G. Heck	24. FUNERAL DIRECTOR C. E. Cline & Son, Frederick, Maryland		ADDRESS	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

574687

RECEIVED

JUN 29 1951

REDAU 7, 8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick STATE MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick	
3. NAME OF DECEASED (Type or Print) ANNIE (First) CLORA (Middle) BURDETTE (Last)		4. DATE OF DEATH 1 (Month) 14 (Day) 1951 (Year)	
5. SEX Female		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		8. DATE OF BIRTH 1 Dec 1869	
9. AGE last birthday 81 yrs.		10. If under 1 year Months 1 Days 14 Hours 19 Mins.	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Hanson T. Jackson		14. MOTHER'S MAIDEN NAME Josephine McDonald	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No. None	
17. INFORMANT AND ADDRESS Mrs. William Green, Walkersville, Md.			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
481x Immediate cause (a) Influenza			3 days
131 Antecedent cause(s) (b) Chronic glomerular nephritis			10 years
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anemia, hypochromic type			2 years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1 Oct , 19 50 , to 14 Jan , 19 51 , that I last saw the deceased alive on 14 Jan , 19 51 , and that death occurred at 3 P m., from the causes and on the date stated above.			
SIGNATURE James E. Stoner, Jr.		ADDRESS M. D. Walkersville, Maryland	
DATE SIGNED 15 Jan 1951			
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE 17 Jan 1951	NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) Frederick, Maryland		(State) Maryland	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 17 Jan 1951		24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Thurmont</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Thurmont</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)
<u>Etta</u>	<u>Mary</u>	<u>Burns</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 23. 1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	9. AGE last birthday <u>65</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Fredk Co Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Thomas Kinna</u>		14. MOTHER'S MAIDEN NAME <u>Loretta Gaver</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>no</u> (If yes, give service)		16. SOCIAL SECURITY No. <u>no</u>	
17. INFORMANT <u>Richard R. Burns</u>		<u>Thurmont, MD</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Carcinoma of the throat (pharynx)</u>		<u>5 mos</u>
Antecedent cause(s) (b) <u>none</u>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>		
19a. DATE OF OPERATION <u>no</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE <u>no</u>	(Specify) PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY <u>no</u>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While at work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>Sept 10</u> , 19 <u>50</u> , to <u>Jan 14</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Jan 14</u> , 19 <u>51</u> , and that death occurred at <u>4:30</u> a.m., from the causes and on the date stated above.		
SIGNATURE <u>James K. Gray M.D.</u>		DATE SIGNED <u>Jan. 16-1951</u>
ADDRESS <u>Thurmont, Md.</u>		
23. BURIAL, CREMATION REMOVAL	DATE THEREOF <u>Jan. 22 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Creagerstown Cem</u>
LOCATION (City, town, or county) <u>Creagerstown, Md</u>		(State)
DATE REC'D BY LOCAL REG. <u>Jan. 16 1951</u>	REGISTRAR'S SIGNATURE <u>Blanche S. Eyley</u>	24. FUNERAL DIRECTOR <u>M.L. Creager & Son</u>
ADDRESS <u>Thurmont MD</u>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 24 1951
MAIL V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Buckeystown</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Buckeystown</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) <u>WILLIAM</u> (Middle) <u>HENRY</u> (Last) <u>BURRIS</u>		4. DATE OF DEATH (Month) <u>January</u> (Day) <u>3</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 8, 1882</u>
9. AGE last birthday <u>68</u> yrs.		If under 1 year: Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tenant</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>William H. Burriss</u>		14. MOTHER'S MAIDEN NAME <u>Katie Becraft</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>219-20-1573</u>	
17. INFORMANT AND ADDRESS <u>Mrs. William H. Burriss, Buckeystown, Md.</u>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Cerebral Hemorrhage</u>			<u>5 days</u>
Antecedent cause(s) (b) <u>Chr Cardio Renal Vascular disease</u>			<u>3 yrs</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u> </u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify) <u> </u> PLACE (Home, farm, factory, street, OF office bldg., etc.) <u> </u> (CITY OR TOWN) <u> </u> (COUNTY) <u> </u> (STATE) <u> </u>			
TIME (Month) (Day) (Year) (Hour) <u> </u> INJURY OCCURRED While at <input type="checkbox"/> Not While <input type="checkbox"/> m. Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR? <u> </u>	

22. I hereby certify that I attended the deceased from 2-1-50, 19 , to 1-3, 1951, that I last saw the deceased alive on 1-3, 1951, and that death occurred at 5:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. G. Pauline Jr. M.D. ADDRESS Frederick DATE SIGNED 3/1

23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE <u>January 6, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>	LOCATION (City, town, or county) <u>Frederick, Maryland</u>	(State) <u> </u>
DATE REC'D BY LOCAL REG. <u>5 Jan 1951</u>		REGISTRAR'S SIGNATURE <u>Elizabeth S. Heck</u>		24. FUNERAL DIRECTOR <u>C. E. Cline & Son, Frederick, Maryland</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

100105



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rural Emmitsburg.		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rural Emmitsburg, Md.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emmitsburg, Md. R.D. 1		STREET ADDRESS (If rural give location) Emmitsburg, Md. R.D. 1	
3. NAME OF DECEASED (Type or Print) Nettie	(First) Bell	(Middle) Bushman	(Last)
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH Sept. 11, 1866
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	9. AGE last birthday 84 yrs.
13. FATHER'S NAME Barney Koontz		11. BIRTHPLACE (State or foreign country) Frederick Co. Md.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY No. none	
17. INFORMANT Chas R D Bushman		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
17. INFORMANT Emmitsburg, Md.			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
(a) Myocardial degeneration - cardiac decompensation		2 mo
(b) Hypertensive cardio vascular disease		several years
(c) arricular fibrillation		several years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **1930** to **Jan 31, 1951**, that I last saw the deceased alive on **Jan 30, 1951**, and that death occurred at **8 PM**, from the causes and on the date stated above.

SIGNATURE **W. R. Cadle** (Degree or title) **MD** ADDRESS **Emmitsburg, Md.** DATE SIGNED **2-2-51**

23. BURIAL, CREMATION REMOVAL, (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb. 3, 1951	Mt. View cemetery	Emmitsburg, Frederick Co.	Md.
DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
Feb 2 - 1951	M. F. Shuff	S. L. Allison	Emmitsburg, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 14 1951
BUREAU 4.5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Allegany	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN From 6/18/48 to 1/5/51		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Cumberland	
HOSPITAL OR INSTITUTION OR STREET ADDRESS State Sanatorium		STREET ADDRESS (If rural, give location) 703 Montgomery Ave.	
3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) Louise	(Last) Carroll
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Feb. 16, 1927
9. AGE last birthday 23 yrs.		10. DATE OF DEATH Jan. 5, 1951	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Graduate Nurse		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME Simon K. Carroll		14. MOTHER'S MAIDEN NAME Mary M. Pendergast	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No		16. SOCIAL SECURITY NO. 215-20-5914	
17. INFORMANT Patient			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) Pulmonary Tuberculosis		3½ yrs.
Antecedent cause(s) (b) 13b		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 18, 1948**, to **Jan. 5, 1951**, that I last saw the deceased alive on **Jan. 5, 1951**, and that death occurred at **6:25 P.m.**, from the causes and on the date stated above.

SIGNATURE **J. B. Ryan, M.D.** (Degree or title) ADDRESS **State Sanatorium, Md.** DATE SIGNED **1/6/51**

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE Jan 8, 1951	NAME OF CEMETERY OR CREMATORY St. Patrick Cem.	LOCATION (City, town, or county) (State) Cumberland Md.
DATE REC'D BY LOCAL REG. 1/6/51	REGISTER'S SIGNATURE J. B. Ryan	24. FUNERAL DIRECTOR Scaupelli Funeral Home Cumberland, Md.	ADDRESS

058862

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 8 1951
FBI

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

0478

Reg. Dist. No. 131

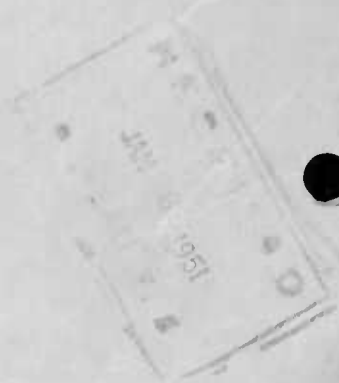
1. PLACE OF DEATH: COUNTY <i>Frederick</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>Maryland</i> COUNTY <i>Frederick</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) <i>Frederick</i>		CITY (If outside corporate limits, write RURAL and give nearest town) <i>Boodabara</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Frederick Memorial</i>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <i>STEINER</i>	(Middle) <i>Stull</i>	(Last) <i>Cramer</i>
4. DATE OF DEATH	(Month) <i>Jan.</i>	(Day) <i>3</i>	(Year) <i>1951</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Nov. 19, 1900</i>
9. AGE last birthday <i>50</i> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Merchant - Own Store</i>	
10b. KIND OF BUSINESS OR INDUSTRY <i>Farm/Supplier</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Newton F. Cramer</i>	
14. MOTHER'S MAIDEN NAME <i>Elise Stull</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	
16. SOCIAL SECURITY No. <i>214-28-5404</i>		17. INFORMANT AND ADDRESS <i>Mrs Anna Cramer, Boodabara, Md.</i>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <i>Fracture 7 weeks</i>			<i>10 min</i>
Antecedent cause(s) (b) <i>Jumped from 2nd floor window of Fred. Mem. Hosp.</i>			
(c) <i>Myocardial disease.</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Dehydration</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY <i>1-3-51 8 A.M.</i>		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/> HOW DID INJURY OCCUR? <i>Jumped from window</i>	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE <i>R. W. Bore - Deputy Med Ex. - Frederick</i>		DATE SIGNED <i>1-3-51</i>	
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>		DATE THEREOF <i>Jan. 6, 1951</i>	
NAME OF CEMETERY OR CREMATORY <i>Mt. Hope Cemetery</i>		LOCATION (City, town, or county) (State) <i>Boodabara Md.</i>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>5 Jan 1951</i>		24. FUNERAL DIRECTOR <i>M. L. Leager's Son, Thurmont, Md.</i>	

290116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#5		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#3	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital		STREET ADDRESS (If rural, give location) Near Rocky Springs	
3. NAME OF DECEASED (First) RAYMOND (Middle) FOSTER (Last) CREBBS		4. DATE OF DEATH (Month) 1 (Day) 24 (Year) 1951	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 9 March 1900
9. AGE last birthday 50 yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY Self Employed	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME David V. Crebbs		14. MOTHER'S MAIDEN NAME Minnie Early	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS Mrs. Ethel Crebbs, R. F. D. #3, Frederick, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Rheumatic Cardio-vascular disease

Antecedent cause(s)

(b) with mitral & aortic stenosis

(c) stating the underlying cause last

INTERVAL BETWEEN ONSET AND DEATH

20 years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Oct. 1, 1950, to Jan. 24, 1951, that I last saw the deceased alive on Jan. 24, 1951, and that death occurred at 8:10 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, or other disposal (Specify) Burial		DATE THEREOF 27 Jan 1951		NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery		LOCATION (City, town, or county) (State) Near Yellow Springs, Md.	
DATE REC'D BY LOCAL REG. 26 Jan 1951		REGISTRAR'S SIGNATURE Elizabeth B. Heck		24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

564246

RECEIVED
JAN 20 1951
U.S. AIR FORCE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

0480

1. PLACE OF DEATH: COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u> OR TOWN <u>Frederick</u> LENGTH OF STAY (in this place) <u>2 days</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Wrothstown</u> OR TOWN <u>Wrothstown</u> STREET ADDRESS (If rural, give location) <u>R.F.D.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Emergency Hospital</u>			
3. NAME OF DECEASED (Type or Print) (First) <u>William</u> (Middle) <u>Jacob</u> (Last) <u>Cress</u>	4. DATE OF DEATH (Month) <u>January</u> (Day) <u>12</u> (Year) <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>3/10/1880</u>
9. AGE last birthday <u>70</u> yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10h. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>MD</u>
11. FATHER'S NAME <u>Henry W. Cress</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13. MOTHER'S MAIDEN NAME <u>Margaret Stemmel</u>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	15. SOCIAL SECURITY No. <u>Miss Bruce Corleys Woods Turner MD</u>	16. INFORMANT AND ADDRESS <u>Miss Bruce Corleys Woods Turner MD</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 months</u>
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
(a) <u>Immediate cause</u> <u>Cerebral Hemorrhage</u>		
(b) <u>Antecedent cause(s)</u> <u>Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last</u>		
(c) <u>Other significant conditions</u> <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/4/51, 1951 to 1/12/51, 1951, that I last saw the deceased alive on Jan. 11, 1951, and that death occurred at 10:25 m., from the causes and on the date stated above.

SIGNATURE Bernard J. Hennos Jr. M.D. ADDRESS Frederick, Md. DATE SIGNED Jan. 12, 1951

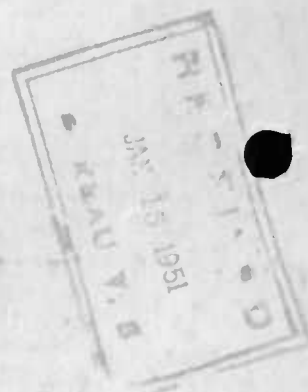
23. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>Jan 15 - 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Uptown</u>	LOCATION (City, town, or county) (State) <u>Frederick</u>
DATE REC'D BY LOCAL REG. <u>13 Jan 1951</u>	REGISTRAR'S SIGNATURE <u>Elizabeth J. Heck</u>	24. FUNERAL DIRECTOR <u>G.C. Barton</u>	ADDRESS <u>Walkersville</u>

100105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Virginia</u> COUNTY <u>Arlington</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Arlington</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Municipal Hospital</u>		STREET ADDRESS (If rural, give location) <u></u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Charles</u>	(Middle) <u>N.</u>	(Last) <u>Crosby</u>
4. DATE OF DEATH	(Month) <u>Jan</u>	(Day) <u>26</u>	(Year) <u>1951</u>
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9-29-1875</u>
9. AGE last birthday <u>75</u> yrs.		10. If under 1 year: Months <u></u> Days <u></u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Longueurman</u>	
11. BIRTHPLACE (State or foreign country) <u>Cherry Valley, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>United States</u>	
13. FATHER'S NAME <u>William Crosby</u>		14. MOTHER'S MAIDEN NAME <u>W. H. H. H.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u> (If yes, give war or dates of service) <u></u>		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT AND ADDRESS <u></u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a) Hypostatic pneumonia1 day

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last

(b) Arterio-sclerotic myocardial disease1 year(c) Pulmonary infarction16 days

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

diabetes mellitus, hypertension

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 10, 1951, to Jan. 26, 1951, that I last saw the deceasedalive on Jan. 25, 1951, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

J. R. SchoolmanM.D.228 N. Market St. Arlington, Va.1/26/51

23. BURIAL CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATOR

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

26 Jan 1951Elizabeth G. HeckTrue Funeral Home250916 Arlington, Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1 Hamilton Avenue		STREET ADDRESS (If rural, give location) 1 Hamilton Avenue	
3. NAME OF DECEASED (First) HATTIE	(Middle) VIRGINIA	(Last) DANSBERGER	4. DATE OF DEATH (Month) 1 (Day) 28 (Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 26 Dec 1868
9. AGE last birthday 82 yrs.		10. If under 1 year Months Days If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME George Dansberger		14. MOTHER'S MAIDEN NAME Mary E. Himes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS 1 Hamilton Ave., Millard M. Dansberger, Frederick, Md.			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
422.2 Immediate cause (a) Chronic Hypertension			Years.
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 19, 1946 to July 28, 1951, that I last saw the deceased alive on July 27, 1951, and that death occurred at 7 A.M. from the causes and on the date stated above.			
SIGNATURE: H. H. Himes		DATE SIGNED 29 Jan 1951	
23. BURIAL, CREMATION, or other disposal (Specify) Burial		DATE THEREOF 30 Jan 1951	
NAME OF CEMETERY OR CREMATORY Lutheran Cemetery		LOCATION (City, town, or county) Jefferson, Maryland (State)	
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 30 1951
F. A. B. B. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>New Midway</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>New Midway</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Rue</u> (Middle) <u>Amelia</u> (Last) <u>Dell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 26 1957</u>	
5. SEX <u>Female</u>	COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 27, 1877</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	9. AGE last birthday <u>73</u> yrs. If under 1 year Months Days Hours Min.
11. FATHER'S NAME <u>Barney Edgman</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY No. <u>411-20-0363 A</u>	
17. INFORMANT <u>Julius Underwood</u>		18. MEDICAL CERTIFICATION <u>New Midway, Md.</u>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) acute myocardial failure

Antecedent cause(s) (b) Hypertensive Cardiovascular Disease

(c) Bronchopneumonia, acute

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 Nov. 1950 to 26 Jan. 51, that I last saw the deceased

alive on 26 Jan. 1951, and that death occurred at 26 Jan. 1951 m., from the causes and on the date stated above.

SIGNATURE S. M. P. Walther ADDRESS Waltherville Md. 20951 DATE SIGNED 26 Jan 51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>buried</u>	<u>Jan 29, 1951</u>	<u>St Matthews Cem.</u>	<u>Baltimore, Md.</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>1/28/51</u>	<u>L. E. Russell</u>	<u>Burke & Hartley</u>	<u>24 Woodboro Md.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED AT THE OFFICE OF THE SECRETARY OF THE ARMY

CONFIDENTIAL - SECURITY INFORMATION

FEB 2 1951
REAU T. D.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

0484

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Fred.	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Fredreick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 517 Clineshart Alley		STREET ADDRESS (If rural, give location) 517 Clineshart Alley	
3. NAME OF DECEASED (Type or Print) Clearence (First) Edward (Middle) Fields (Last)		4. DATE OF DEATH Jan. 22, 1951 (Month) (Day) (Year)	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Aug. 30, 1891
9. AGE last birthday 59 yrs.		10. UNDER 1 year Months Days	
11. UNDER 24 hrs Hours Min.		12. CITIZEN OF WHAT COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractors Laborer		10b. KIND OF BUSINESS OR INDUSTRY *****	
11. BIRTHPLACE (State or foreign country) Frederick County		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Clearence Fields		14. MOTHER'S MAIDEN NAME Henritta Proctor	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war service) War I dates of 218-24-1250		17. INFORMANT AND ADDRESS Edith Fields 517 Clineshart Alley	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) Coronary occlusion		1 hr.
Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OR office bldg., etc.) Home	(CITY OR TOWN) Frederick, Md	(COUNTY) Fred.	(STATE) Md
TIME (Month) (Day) (Year) (Hour) 1.22.51	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?			

22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
SIGNATURE R. B. B. Jr.		ADDRESS Deputy Med Ex. Frederick, Md.		DATE SIGNED	
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Jan. 25, 1951	NAME OF CEMETERY OR CREMATORY Fairview	LOCATION (City, town, or county) Frederick, Maryland	(State)	
DATE REC'D BY LOCAL REG. 1-23-51	REGISTRAR'S SIGNATURE E. G. G. Beck	24. FUNERAL DIRECTOR Charles E. Hicks III		ADDRESS Fred, Md.	

970246

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

PIEDGES

OVERSEA



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH- COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Md.		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Rural Myersville		LENGTH OF STAY life		CITY (If outside corporate limits, write RURAL and give nearest town) Rural Myersville			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		(First)		(Middle)		(Last)	
Jacob E. Flook							
4. DATE OF DEATH		(Month)		(Day)		(Year)	
1/14/						1951	
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH	
male		white		married		9/21/1870	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? U.S.	
farmer, etc.		farm owner		Myersville, Md.		U.S.	
13. FATHER'S NAME Lewis E. Flook				14. MOTHER'S MAIDEN NAME Margaret Warrenfeltz			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY No. none		17. INFORMANT AND ADDRESS Mrs. Vergie Flook, Myersville, Md.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Chronic Valvular heart diseaseINTERVAL BETWEEN
ONSET AND DEATH**4 yrs +**

Antecedent cause(s)

(b)

Hypertension -Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last

(c)

Atherosclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐21. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street,
OF
office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)
OF
INJURY

m.

INJURY OCCURRED
While at
Work ☐ Not While
At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940, to Jan 14, 1951, that I last saw the deceased

alive on Jan 4, 1951, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

J. E. Harp MD Middletown**1-15-51**23. BURIAL, CREMATION
REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL
REG.

REGISTERED SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Jan 15, 1951**U.B. Cemetery****Gladhill Co., Middletown, Md.**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

100105



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

0486

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Mount Airy-Rural RD#2	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS Near Unionville	
3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) WILLIAM (Last) FOUT		4. DATE OF DEATH (Month) 1 (Day) 14 (Year) 51	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 9 June 1869
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farm Owner	9. AGE last birthday 81 yrs. If under 1 year: Months 14 Days 51 If under 24 hrs: Hours 14 Min. 51
11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Robert Fout		14. MOTHER'S MAIDEN NAME Sarah Brown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY No. None	
17. INFORMANT AND ADDRESS R. F. D. #2, Mrs. Merton E. Forney, Mount Airy, Md.			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) coronary occlusion	1 hr
Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	
(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) (Minute) Death 1/14/51 1:25 p.m.	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE **R. F. D. #2** (Degree or title) **Deputy Medical Examiner, Frederick, Maryland** ADDRESS **15 Jan 1951**

23. BURIAL, CREMATION, REINTERMENT (Specify) Burial	DATE THEREOF 17 Jan 1951	NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery	LOCATION (City, town, or county) (State) Woodsboro, Maryland
DATE REC'D BY LOCAL REG. 15 Jan 1951	REGISTRAR'S SIGNATURE Elizabeth B. Heck	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

100105



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN State Sanatorium		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Mountindale	
HOSPITAL OR INSTITUTE OR STREET ADDRESS Victor Cullen State Hosp.		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) John	(Middle) E.	(Last) Fox
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Wid.	4. DATE OF DEATH (Month) (Day) (Year) Jan. 19 19 51
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY	8. DATE OF BIRTH 3/21/1888	9. AGE last birthday 62 yrs.
11. BIRTHPLACE (State or foreign country) Rocky Springs, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.	13. FATHER'S NAME Charles Lee Fox	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY No. 217 20 0678	
17. INFORMANT Deceased		18. MEDICAL CERTIFICATION 1 for 6 mos.	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH About 6 Mos.
1. Immediate cause (a) Pulmonary tuberculosis		
2. Antecedent cause(s) (b) 13b		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 8, 1951, to Jan. 19, 1951, that I last saw the deceased alive on Jan. 19, 1951, and that death occurred at 7:25 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
DATE REC'D BY LOCAL REG. 1/20/51	REGISTRAR'S SIGNATURE J. B. Ryan	24. FUNERAL DIRECTOR M. H. Creager	ADDRESS State Sanatorium, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 23 1961
U.S. AIR FORCE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

0488

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>md</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>TOWN Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>TOWN Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Mem. Hospital</u>		STREET ADDRESS (If rural, give location) <u>173 West Patrick</u>	
3. NAME OF DECEASED (Type or Print) <u>Nancy</u> (First) <u>L. V.</u> (Middle) <u>Frith</u> (Last)		4. DATE OF DEATH <u>Jan.</u> (Month) <u>6</u> (Day) <u>1951</u> (Year)	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 8 - 1914</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (State or foreign country) <u>Clark Co. Va</u>
13. FATHER'S NAME <u>Harney Bantz</u>		14. MOTHER'S MAIDEN NAME <u>Margaret Pierce</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If year, give war or dates of service)		16. SOCIAL SECURITY No. <u>no</u>	
17. INFORMANT AND ADDRESS <u>Margaret Bantz Charleston, W. Va</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) <u>Carcinoma of Liver</u>		<u>Unknown</u>
Antecedent cause(s)	(b) <u>Chronic Alcoholism</u>		<u>10-15 yrs.</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Not While Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Dec. 31, 1950, to Jan 6, 1951, that I last saw the deceased alive on Jan. 5, 1951, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

SIGNATURE <u>Arthur F. Woodward</u>		ADDRESS <u>Frederick, Md.</u>		DATE SIGNED <u>6-Jan-1951</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>Jan. 9-1951</u>	NAME OF CEMETERY OR CREMATORY <u>Rocky Springs Cem</u>	LOCATION (City, town, or county) <u>Near Frederick</u>	(State) <u>md</u>
DATE REC'D BY LOCAL REC <u>6 Jan 1951</u>	REGISTRAR'S SIGNATURE <u>Elizabeth G. Heck</u>	24. FUNERAL DIRECTOR <u>M. L. Treager</u>		ADDRESS <u>San Thurmout Md</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V.S. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH - COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>md</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>md</u>	
TOWN <u>Frederick</u>		TOWN <u>md</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Monticome Home</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Samford</u> (First) (Middle) (Last) <u>Lawer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>4</u> <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>single</u>	8. DATE OF BIRTH <u>about 1882</u>
9. AGE last birthday <u>68</u> yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm helper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Labor</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>unk.</u>		14. MOTHER'S MAIDEN NAME <u>unk.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>722-18-5592</u>	
17. INFORMANT AND ADDRESS <u>Mr. Jesse Drabill</u>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH 1 month.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
SUICIDE	INJURY			
HOMICIDE				
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
OF INJURY				

22. I hereby certify that I attended the deceased from Dec. 31, 1950, to Jan. 4, 1951, that I last saw the deceased alive on Jan. 4, 1951, and that death occurred at 3 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIUM	LOCATION (City, town, or county) (State)
<u>Interment in Md. Schol</u>	<u>Jan. 4, 1951</u>	<u>Md Schol</u>	<u>Green St. Ballwin, Md</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
<u>4 Jan 1951</u>	<u>Elizabeth S. Heck</u>	<u>Raymond K Wright</u>	<u>Union Bridge Md</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

820105

RECEIVED
JAN 8 1951
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS (If rural, give location) 350 East Third Street	
3. NAME OF DECEASED (First) STEWART	(Middle) ARTHUR	(Last) GEISBERT, SR.	4. DATE OF DEATH (Month) 1 (Day) 2 (Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 15 Dec 1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Agency for Baltimore Sun Papers		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
13. FATHER'S NAME Hamilton R. Geisbert		14. MOTHER'S MAIDEN NAME Martha Ramsburg	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY No. ?	
17. INFORMANT AND ADDRESS Mrs. Carrie Geisbert, 350 E. 3rd St., Frederick, Md.		12. CITIZEN OF WHAT COUNTRY? USA	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Acute Cardiac Dilation			1 hr
Antecedent cause(s) (b) Acute Pancreatitis (Removal)			2 days
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Ch. Duodenal Ulcer			4 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1950 to Jan 2, 1951, that I last saw the deceased alive on Jan 2, 1951, and that death occurred at 3:15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. Lawrence Fahmy, M. D. Frederick, Maryland 4 Jan 1951

23. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE 5 Jan 1951	NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	LOCATION (City, town, or county) Frederick, Maryland (State)
DATE REC'D BY LOCAL REG. 4 Jan 1951	REGISTRAR'S SIGNATURE Elizabeth S. Heck	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

240636

RECEIVED
JUN 6 1951
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Frederick, Maryland</u> LENGTH OF STAY (in this place) <u>8 days</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Knoxville, Maryland - RFD-1</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Lillian</u> (Middle) <u>R.</u> (Last) <u>Mosnell</u>	4. DATE OF DEATH	(Month) <u>January</u> (Day) <u>10</u> (Year) <u>1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8-5-1900</u>
9. AGE last birthday <u>50</u> yrs. 4 Months 5 Days		10. BIRTHPLACE (State or foreign country) <u>Virginia</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		12. CITIZEN OF WHAT COUNTRY? <u>United States</u>	
13. FATHER'S NAME <u>Mr. Oscar F. Virts</u>		14. MOTHER'S MAIDEN NAME <u>Catherine Mann</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>—</u>	
17. INFORMANT AND ADDRESS <u>Harold W. Gonnell Dr Knoxville Md</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Pulmonary Embolism</u>		<u>12 hrs</u>
Antecedent cause(s) (b) <u>Cholecystitis</u>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <u>January 4, 1951</u>	19b. MAJOR FINDINGS OF OPERATION <u>Cholecystitis - Ruptured Gall Bladder</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-2, 1951, to 1-10, 1951, that I last saw the deceased alive on 1-10, 1951, and that death occurred at 12:55 A.m., from the causes and on the date stated above.

SIGNATURE Ed Thomas (Degree or title) ADDRESS Frederick Chief DATE SIGNED

23. BURIAL CREMATION (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>1-12-51</u>	<u>Reformed</u>	<u>Knoxville Md</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>11 Jan 1951</u>	<u>Elizabeth S. Heck</u>	<u>C. H. Tuli & Son</u>	<u>Baltimore Md</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 12 1951
S. A. B. A. U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <i>Frederick</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland</i> COUNTY <i>Carroll</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) <i>Frederick</i>		CITY (If outside corporate limits, write RURAL and give nearest town) <i>New Windsor, Md.</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Frederick Memorial Hospital</i>		STREET ADDRESS (If rural, give location) <i>Rural</i>	
3. NAME OF DECEASED (Type or Print) <i>Mrs. Carrie J. Green</i>		4. DATE OF DEATH (Month) <i>Jan</i> (Day) <i>14</i> (Year) <i>1957</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>	8. DATE OF BIRTH <i>12/11/1890</i>
9. AGE last birthday <i>66</i> yrs.		10. If under 1 year Months <i>1</i> Days <i>14</i> Hours <i>19</i> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Homemaker</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>Peter Crishman</i>		14. MOTHER'S MAIDEN NAME <i>Sara Myers</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT AND ADDRESS <i>Leona E. Green, New Windsor, Md.</i>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Cerebral Haemorrhage

Antecedent cause(s)

(b)

Arteriosclerosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

Hypertension

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Diabetes Mellitus

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

none

m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

20. AUTOPSY?

Yes ☐ No ☒22. I hereby certify that I attended the deceased from *Oct 2*, 1957, to *Jan 14*, 1957, that I last saw the deceasedalive on *Jan 14*, 1957, and that death occurred at *1:57* p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

*Jan 17-1957**Elizabeth G. Heck**W. W. Hartzler & Sons**Elmwood Bldg New Windsor, Md*

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0493 131
Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Prince Georges</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Hyattsville</u>	
TOWN <u>Frederick</u>		TOWN <u>Hyattsville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>		STREET ADDRESS (If rural, give location) <u>5306 Hamilton Street</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>LUCIE</u>	(Middle) <u>VIRGINIA</u>	(Last) <u>GRIFFIN</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 18 1951</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	8. DATE OF BIRTH <u>February 15, 1895</u>	9. AGE last birthday <u>55 yrs.</u>
13. FATHER'S NAME <u>William B. Thompson</u>	14. MOTHER'S MAIDEN NAME <u>Georgianna Phillips</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY No. <u>None</u>	17. INFORMANT AND ADDRESS <u>Mr. C. Wesley Griffin, Hyattsville, Maryland</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Acute Myocardial Decompensation</u>		<u>3 mi</u>
Antecedent cause(s) (b) <u>Chronic Myocarditis & Hypertrophy</u>		<u>2 yrs</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Coronary insufficiency</u>		<u>2 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>m.</u>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/9, 1951, to 1/18, 1951, that I last saw the deceased alive on 1/17, 1951, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

SIGNATURE C. L. Bruce Mal Jefferson (Degree or title) ADDRESS 1/19/51 DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>Jan. 20, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>	LOCATION (City, town, or county) <u>Frederick, Maryland</u>
DATE REC'D BY LOCAL REG <u>20 Jan 1951</u>	REGISTRAR'S SIGNATURE <u>Elizabeth G. Heck</u>	24. FUNERAL DIRECTOR <u>C. E. Cline & Son</u>	ADDRESS <u>Frederick, Maryland</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS (If rural, give location) 231 North Market Street	
3. NAME OF DECEASED (First) MARY (Middle) A. (Last) HAHN	4. DATE OF DEATH (Month) January (Day) 15 (Year) 1951		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Sept. 3, 1865
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Albert Hobbs		14. MOTHER'S MAIDEN NAME Margaret Metzger	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS Miss Margaret Hahn, Frederick, Maryland			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 Immediate cause

(a)

Stokes Adams Syndrome

INTERVAL BETWEEN ONSET AND DEATH

36 hrs.

Antecedent cause(s)

(b)

Complete Heart Block

5-6 yrs(?)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

Arterio-sclerotic heart dis.

(?)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 Jan, 1951, to 15 Jan, 1951, that I last saw the deceased

alive on 14 Jan, 1951, and that death occurred at 11:40 A. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

16 Jan 1951

Elizabeth E. Heck

C. E. Cline & Son, Frederick, Maryland


MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 18 1951
REAU 4.5

Reg. Dist. No. 139

23. BURIAL, CREMATION REMOVAL (Specify)	DATE 1-5-51	NAME OF CEMETERY OR CREMATORY Queensmount Cem.	LOCATION (City, town, or county) Baltimore	(State) Md.
DATE REC'D BY LOCAL REG. 1/3/51	REGISTRAR'S SIGNATURE 	24. FUNERAL DIRECTOR M. L. Creager	ADDRESS Law-Thurmont Md.	

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

0496

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS (If rural, give location) 278 West Fifth Street	
3. NAME OF DECEASED (Type or Print) (First) MARCIE (Middle) E. (Last) HANKEY	4. DATE OF DEATH (Month) 1 (Day) 6 (Year) 19 51		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 9 Feb 1874
9. AGE last birthday 76 yrs.		10. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William Hull		14. MOTHER'S MAIDEN NAME Catherine Barrick	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No. None	
17. INFORMANT AND ADDRESS I. L. Hankey, Jr., 278 W. 5th St., Frederick, Md.			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) Chronic Cardio-renal Disease				Several years	
442X Antecedent cause(s)					
13/a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from....., 19 45, to 1-6-, 19 51, that I last saw the deceased alive on 1-5-, 19 51, and that death occurred at 3:30 A m., from the causes and on the date stated above.					
SIGNATURE Howard W. Ash		M. D. Frederick, Maryland		DATE SIGNED 6 Jan 1951	
23. BURIAL, CREMATION, or other (Specify) Burial		DATE 8 Jan 1951		NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery	
				LOCATION (City, town, or county) (State) Woodsboro, Maryland	
DATE REC'D BY LOCAL REG. 8 Jan 1951		REGISTRAR'S SIGNATURE Elizabeth S. Hecks		24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	
				ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

Reg. Dist. No. 144

1. PLACE OF DEATH- COUNTY <u>FREDERICK</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Pennsylvania</u> COUNTY <u>York</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>MD-2, Thurmont</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>York</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location) <u>137 Stoyers Ave.</u>	
3. NAME OF DECEASED (Type or Print) <u>ERNEST</u> (First) <u>STANLEY</u> (Middle) <u>HARBAUGH</u> (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN.</u> <u>21</u> <u>1951</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, <u>MARRIED</u> , WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>4-27-1914</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Head Cook in Restaurant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cook</u>	
11. BIRTHPLACE (State or foreign country) <u>Cascade Maryland</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Norman Luke Harbaugh</u>		14. MOTHER'S MAIDEN NAME <u>Alcesta Meriam Sprinkle</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>198-05-1334</u>	
17. INFORMANT <u>Arthur Russell Harbaugh, York, Pa.</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

8255 Immediate cause (a) Multiple Fractures of Skull
 Antecedent cause(s) (b) 1700
 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH Instant

11. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY <u>U.S. Highway #15</u>		(CITY OR TOWN) (COUNTY) (STATE) <u>FRANKLINVILLE FREDERICK MD.</u>	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>JAN. 21 1951 4³⁰ P.m.</u>		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		HOW DID INJURY OCCUR? <u>AUTOMOBILE ACCIDENT</u>	

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

Charles H. Conley, Jr. M.D. Dist. Exam. Frederick, Ind.

DATE SIGNED

1/21/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF <u>Jan. 26 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Bonwick Cemetery</u>	LOCATION (City, town, or county) (State) <u>Bonwick, Columbia Co., Pa.</u>
DATE REC'D BY LOCAL REG. <u>Jan. 22 1951</u>	REGISTRAR'S SIGNATURE <u>Blanche S. Eyles</u>	24. FUNERAL DIRECTOR <u>M. H. Crago & Son, Thurmont - Md.</u>	ADDRESS

754679

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

York

Transmittal

York

131 Stevens St.

840-5, Thront

44-27-114 36

Casey, Maryland

Florida Marine Spent

198-02-1334 Robert Russell Harbough, York, Pa.

Good

Norman W. Harbough



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

Reg. Dist. No. 144

0498

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Pennsylvania</u> COUNTY <u>York</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>RED-2 Thurmont</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>York</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location) <u>137 Stevens Avenue</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Randy</u> (Middle) <u>Charles</u> (Last) <u>HARBAUGH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN.</u> <u>21</u> <u>1951</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>11-16-1949</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>1</u> yrs. <u>2</u> Months <u>21</u> Days <u>19</u> Hours <u>51</u> Min.
11. BIRTHPLACE (State or foreign country) <u>York, Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Ernest Stanley Harbaugh</u>		14. MOTHER'S MAIDEN NAME <u>Maude Louise Holloway</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT <u>Arthur Russell Harbaugh, York, Pa.</u>	

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) FRACTURES CERVICAL SPINE + SKULL

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

Instant.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY <u>U.S. Highway #15</u>	(CITY OR TOWN) <u>FRANKLINVILLE</u>	(COUNTY) <u>FREDERICK</u>	(STATE) <u>Md.</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>JAN. 21, 1951 4:30</u> m.	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? <u>AUTOMOBILE ACCIDENT</u>		

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Charles H. Conley Jr. M.D. Asst. Sup. med. Exam. Frederick, Maryland 1/21/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF <u>Jan. 26, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Berwick Cemetery</u>	LOCATION (City, town, or county) <u>Berwick, Columbia Co., Pa.</u>
DATE REC'D BY LOCAL REG. <u>Jan. 22, 1951</u>	REGISTRAR'S SIGNATURE <u>Blanche S. Eyle</u>	24. FUNERAL DIRECTOR <u>N. L. Creager Son</u> <u>Thurmont, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RTD-2 Thurmont
Frederick

Randy
Charles

Ernest Stanley Harbough



137 Stevens Avenue
York
Pennsylvania

11-10-1947
York, Pennsylvania
Mable Louise Holloway
Arthur Russell Harbough

York

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 144

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Frederick, Thurmont</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Pennsylvania</u> COUNTY <u>York</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>York</u> STREET ADDRESS (If rural give location) <u>137 Stevens Avenue</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>STANLEY</u> (Middle) <u>Le Roy</u> (Last) <u>HARBAUGH</u>		4. DATE OF DEATH (Month) <u>JAN.</u> (Day) <u>21</u> (Year) <u>1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>1-17-1941</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Berwick, Pa.</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Ernest Stanley Harbaugh</u>		14. MOTHER'S MAIDEN NAME <u>Maudie Louise Holloway</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Arthur Russell Harbaugh, York, Pa.</u>		18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause <u>(a) MULTIPLE FRACTURES OF SKULL</u> Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>(c)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant.</u>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.		PLACE (Home, farm, factory, street, office bldg, etc.) OF INJURY <u>U.S. Highway #15</u> (CITY OR TOWN) <u>FRANKLINVILLE</u> (COUNTY) <u>FREDERICK</u> (STATE) <u>MD.</u>	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>JAN 21-1951 4:30 P. M.</u>		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/> HOW DID INJURY OCCUR? <u>AUTOMOBILE ACCIDENT</u>	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/>, Inspection <input checked="" type="checkbox"/>, Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/>, accident <input checked="" type="checkbox"/>, suicide <input type="checkbox"/>, homicide <input type="checkbox"/>, undetermined <input type="checkbox"/>.			
SIGNATURE <u>Charles H. Oakley, Jr., M.D., Asst. Sec. Md. Dept. of Health</u>		DATE SIGNED <u>1/21/51</u>	
23. BURIAL, CREMATION REMOVAL (Specify)		NAME OF CEMETERY OR CREMATORY <u>Berwick Cemetery</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 22 1951</u>		24. FUNERAL DIRECTOR <u>M. H. Cresger, Son Thurmont, Md.</u>	

York
Pennsylvania
York
131 Stevens Avenue

Proctor
8705, Thumant

Le Roy

1-17-1941 10
Barwick, Pa.
Lombard House Holloway
Arthur Russell Hinchey, York, Pa.

Ernest Stanley Hinchey



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1500/45-

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md.</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Myersville</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Myersville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Roy</u> (Middle) <u>Clayton</u> (Last) <u>Harp</u>	4. DATE OF DEATH (Month) <u>Jan</u> (Day) <u>17</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 23-1887</u> 66 yrs.
9. AGE last birthday If under 1 year Months Days If under 24 hrs. Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Saw mill operator</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Cum gratia</u>		11. BIRTHPLACE (State or foreign country) <u>W. Myersville, Frederick, Md.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13. FATHER'S NAME <u>Charles W. Harp</u>	
14. MOTHER'S MAIDEN NAME <u>Mallic M. Routzahn</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>220-18-2293</u>		17. INFORMANT AND ADDRESS <u>Mrs Roy S. Harp, Myersville</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

4 mo.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from Sept 19, 1950, to Jan 17, 1951, that I last saw the deceasedalive on Jan 12, 1951, and that death occurred at 4:05 A.M. from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>1-19-51</u>	<u>United Brethren</u>	<u>Myersville, Frederick, Md.</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>1-19-51</u>	<u>Edgar Bittel</u>	<u>Paul F. Bittel</u>	<u>Myersville, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 0501 131

1. PLACE OF DEATH- COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Frederick</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>16 Hamilton Avenue</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u> STREET ADDRESS (If rural, give location) <u>16 Hamilton Avenue</u>	
3. NAME OF DECEASED (Type or Print) <u>Charles</u> (First) <u>Edward</u> (Middle) <u>Harshman</u> (Last)		4. DATE OF DEATH <u>Jan.</u> <u>14</u> <u>19 51</u> (Month) (Day) (Year)	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 11-1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Puller</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Brick Mfg. Co.</u>	9. AGE last birthday <u>75</u> yrs. If under 1 year Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Lewis C. Harshman</u>		14. MOTHER'S MAIDEN NAME <u>Sarah Cramer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>214-10-2828</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Chas. E. Harshman- Frederick- Maryland</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause

(a)

Acute Cardiac Dilatation with

INTERVAL BETWEEN ONSET AND DEATH

2 days

Antecedent cause(s)

(b)

pulmonary effusion

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

Anterior - Sclerotic5 yrs +

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 11, 1951, to Jan. 14, 1951, that I last saw the deceased alive on Jan. 14, 1951, and that death occurred at 5:15 p.m. from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

16 Jan 1951Elizabeth G. HeckC.E. Cline and Son- Frederick- Maryland

690318

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 18 1951
240 V. 8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 Winchester Street		STREET ADDRESS (If rural, give location) 12 Winchester Street	
3. NAME OF DECEASED (First) CLARENCE	(Middle) EDWARD	(Last) HILTNER	4. DATE OF DEATH (Month) 1 (Day) 22 (Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 9 March 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber		10b. KIND OF BUSINESS OR INDUSTRY Owned Business	9. AGE last birthday 58 yrs. If under 1 year Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William H. Hiltner		14. MOTHER'S MAIDEN NAME Adelaide Six	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 214-10-5487	
17. INFORMANT AND ADDRESS Mrs. Mary Hiltner, 12 Winchester St., Frederick, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma left lung

Antecedent cause(s) 163x 47d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT (Specify) SUICIDE HOMICIDE

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

20. AUTOPSY?

Yes ☐ No ☒

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1950, to Jan., 1951, that I last saw the deceased

alive on Jan 22, 1951, and that death occurred at 11 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

M. D.

Frederick, Maryland

23 Jan 1951

Burial

25 Jan 1951

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

Mount Olivet Cemetery

Frederick, Maryland

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

23 Jan 1951

Elizabeth G. Heick

M. R. Etchison & Son, Frederick, Maryland

574246

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Evidence for change
in 9 shown on:

0503

Reg. Dist. No. 145

FILE No. G 130 JAN 31 1951

1. PLACE OF DEATH- COUNTY <u>Wolfsville, Fred Co</u> - MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Wolfsville, Fred Co</u> COUNTY <u>md</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Wolfsville, Fred Co Md Rural</u> (in this place) <u>76 yrs.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Wolfsville, Fred Co Md Rural</u> (If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>none</u>		STREET ADDRESS <u>None Rural</u>	
3. NAME OF DECEASED (First) <u>Hoover</u> (Middle) <u>E</u> (Last) <u>Hoover</u>	4. DATE OF DEATH (Month) <u>1</u> (Day) <u>24</u> (Year) <u>1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>March 1st 1874</u> 76 yrs.
9. AGE last birthday <u>76</u> yrs.		If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Government Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Part Embroider</u>	
11. BIRTHPLACE (State or foreign country) <u>Wolfsville, Fred Co Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>Fred. Co Md</u>	
13. FATHER'S NAME <u>John. W. Hoover</u>		14. MOTHER'S MAIDEN NAME <u>Barah. Ann. Oswald</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If year, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY No. <u>none</u>	
17. INFORMANT <u>Samuel. L. Hoover</u>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <u>Pulmonary Embolism</u>				<u>15 mts</u>	
Antecedent cause(s) (b) <u>Thrombophlebitis of left leg</u>				<u>3 wks</u>	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Myocardial infarction</u>				<u>3 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Dec 30 1950, to Jan 24 1951, that I last saw the deceasedalive on Jan 24, 1951, and that death occurred at 7 A.M., from the causes and on the date stated above.SIGNATURE E. G. Kohler (Degree or title) M.D. ADDRESS Smithsburg DATE SIGNED 1/24/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE <u>Jan 27-1951</u>	NAME OF CEMETERY OR CREMATORY <u>Wolfsville, Fred Co Md</u>	LOCATION (City, town, or county) <u>Wolfsville, Fred Co Md</u> (State) <u>md</u>
DATE REC'D BY LOCAL REG. <u>1-25/1951</u>	REGISTRAR'S SIGNATURE <u>Edgar L. Smith</u>	24. FUNERAL DIRECTOR <u>Sam. B. Hoover</u> ADDRESS <u>Smithsburg Md</u>	

390888



MARYLAND STATE DEPARTMENT OF HEALTH

0504

Evidence for change
in #9 shown on:

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 134

FHM No. G 130 FEB 9 1951

1. PLACE OF DEATH COUNTY Fredreick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Fred.	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rural Flint Hill		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rural Flint Hill	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Adams Town R.F.D. I		STREET ADDRESS (If rural, give location) Adamstown R.F.D. I	
3. NAME OF DECEASED (Type or Print) Curtis Eugene Jones		4. DATE OF DEATH Jan. 26, 1951	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH May 10, 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer Brickyard		10b. KIND OF BUSINESS OR INDUSTRY *****	9. AGE last birthday 73 7/8 yrs.
11. BIRTHPLACE (State or foreign country) Hopeland Maryland		12. CITIZEN OF WHAT COUNTRY? Country?	
13. FATHER'S NAME William R. Jones		14. MOTHER'S MAIDEN NAME Kattie Howard	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No. 220-09-8144	
17. INFORMANT AND ADDRESS Corrie L. Jones Adamstown R.F.D. I			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Carcinoma of the esophagus			6 months
Antecedent cause(s) (b) 150x			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 460-			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov. 20, 1950**, to **1/26, 1951**, that I last saw the deceased alive on **1/24, 1951**, and that death occurred at **7:00 a.m.**, from the causes and on the date stated above.

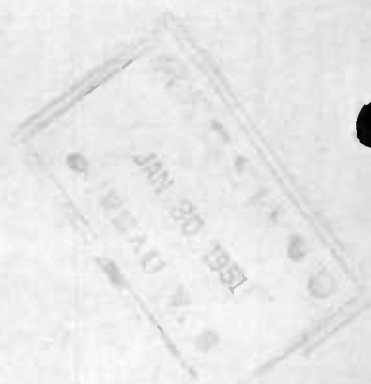
SIGNATURE James B. Thomas, M.D.		ADDRESS Fredreick, Md.		DATE SIGNED 1/27/51
23. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE Jan. 29, 1951	NAME OF CEMETERY OR CREMATORY Hopeshill	LOCATION (City, town, or county) Hopeshill Maryland	(State)
DATE REC'D BY LOCAL REG. 29 Jan 1951	REGISTRAR'S SIGNATURE Elizabeth B. Heck	24. FUNERAL DIRECTOR Charles E. Hicks III		ADDRESS Fredreick Md.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

970318



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

0505

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick Co</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural, n. Lewistown</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural, n. Lewistown</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>-</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)
	<u>LLOYD</u>	<u>IRVIN</u>	<u>KAUFFMAN</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>about 1896</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Employed</u>	9. AGE last birthday <u>54</u> yrs.	4. DATE OF DEATH <u>Jan. 8</u> 1951
11. BIRTHPLACE (State or foreign country) <u>Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>John Kauffman</u>		14. MOTHER'S MAIDEN NAME <u>Lucinda Mangle</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>233-05-4097</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Clyde Benty - Legore, md.</u>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Gun Shot wound of head</u>		<u>1 hour</u>
Antecedent cause(s) (b) <u>976x Disease or conditions, if any, giving rise to the above cause stating the underlying cause last</u>		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING <input type="checkbox"/>	PLACE (Home, farm, factory, street, office bldg., etc.) <u>Home</u>	(CITY OR TOWN) (COUNTY) (STATE) <u>Mountain Lake, Frederick Co, MD</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>1. 8. 51</u> <u>4</u> m.	INJURY OCCURRED While at <input checked="" type="checkbox"/> work Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR? <u>Shot self with 90X</u>
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
SIGNATURE <u>Mr. B. R. Dequilled Ex. Frederick</u>		DATE SIGNED <u>1. 8. 51</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>Jan. 10, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Methodist cemetery</u>
LOCATION (City, town, or county) (State) <u>Lewistown, Fred. Co, Md.</u>	24. FUNERAL DIRECTOR <u>F. C. Barton, Walkersville, Md.</u>	DATE REC'D BY LOCAL REG. <u>9 Jan 1951</u>
REGISTRAR'S SIGNATURE <u>E. H. H. H. H.</u>		

510246

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

FEDERAL

RECEIVED

RECEIVED
JAN 10 1951
F. A. [illegible]
[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick, Md.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>		STREET ADDRESS (If rural, give location) <u>Route #1</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>CARL</u> (Middle) <u>MILTON</u> (Last) <u>Trout</u>		4. DATE OF DEATH (Month) <u>Jan</u> (Day) <u>13</u> (Year) <u>1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>3</u>	8. DATE OF BIRTH <u>Dec 2, 1950</u>
9. AGE last birthday <u>1</u> yrs. <u>11</u> months <u>11</u> days		10. AGE under 1 year If under 1 year Months <u>1</u> Days <u>11</u> Hours <u>11</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
11. BIRTHPLACE (State or foreign country) <u>Frederick, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Clarence Trout</u>		14. MOTHER'S MAIDEN NAME <u>Grace Lockner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT AND ADDRESS <u>Clarence Trout - Frederick Md</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a) Exhaustion

Antecedent cause(s)

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) atelectasis of lung(c) Imperforate anus (Congenital)11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.19a. DATE OF OPERATION Dec 4, 195019b. MAJOR FINDINGS OF OPERATION Colostomy

20. AUTOPSY?

Yes ☐ No ☐21. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 2, 1950, to Jan 12, 1951, that I last saw the deceasedalive on Jan 12, 1951, and that death occurred at one A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION
REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

13 Jan 1951Elizabeth S. HeckerR.E. WailleyFrederick Md.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

384020 413405



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick CITY (If outside corporate limits, write RURAL and give nearest town) Frederick TOWN Frederick HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick CITY (If outside corporate limits, write RURAL and give nearest town) Frederick TOWN Frederick STREET ADDRESS 23 Rosemont Avenue	
3. NAME OF DECEASED (Type or Print)	(First) SUSAN	(Middle) JULIA	(Last) LAKIN
4. DATE OF DEATH	(Month) 1	(Day) 27	(Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 1 Sept 1879
9. AGE last birthday 71 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William H. Lakin		14. MOTHER'S MAIDEN NAME Ellen Hemp	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS Mrs. William A. Miller, 23 Rosemont Ave., Frederick, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Acute Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

1 week

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

Arteriosclerosis

(c)

Hypertension

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) <i>suicide</i>	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *Jan 20*, 19*51*, to *Jan 27*, 19*51*, that I last saw the deceased alive on *Jan 27*, 19*51*, and that death occurred at *12:15 A* m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<i>Burial</i>	<i>29 Jan 1951</i>	<i>Reformed Cemetery</i>	<i>Jefferson, Maryland</i>	

DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<i>29 Jan 1951</i>	<i>Elizabeth H. H. H.</i>	<i>M. R. Etchison & Son, Frederick, Maryland</i>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 30 1951
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 86

0508 137

1. PLACE OF DEATH- COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Union Bridge Rural</u> TOWN <u>Johnsville</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Johnsville</u>		MARYLAND LENGTH OF STAY (in this place)		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Union Bridge Rural</u> TOWN <u>Johnsville</u> STREET ADDRESS (If rural, give location) <u>Johnsville</u>	
3. NAME OF DECEASED (Type or Print) <u>James</u> (First) <u>H</u> (Middle) <u>Leakins</u> (Last)		4. DATE OF DEATH <u>Jan</u> (Month) <u>29</u> (Day) <u>1951</u> (Year)		5. SEX <u>male</u>	
6. COLOR OR RACE <u>white</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>M</u>		8. DATE OF BIRTH <u>June 1 - 1887</u>	
9. AGE last birthday <u>63</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>County Road Dept. Labourer</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13. FATHER'S NAME <u>Daniel Leakins</u>		14. MOTHER'S MAIDEN NAME <u>Jennie Bohm</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>us</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT AND ADDRESS <u>Ronda G Leakins, Johnsville, Md</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Coronary Occlusion

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 7, 1950, to Jan 21, 1951, that I last saw the deceasedalive on Jan 21, 1951, and that death occurred at 4 P m., from the causes and on the date stated above.SIGNATURE J. H. Rugg, M.D.

(Degree or title)

ADDRESS Union Bridge, MdDATE SIGNED 1-22-51

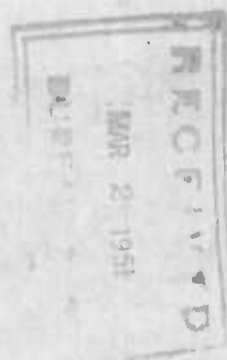
23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF Jan 24 - 51NAME OF CEMETERY OR CREMATORY Harsh's CemeteryLOCATION (City, town, or county) Ladysburg(State) mdDATE REC'D BY LOCAL REG. Jan 25/51REGISTERED SIGNATURE [Signature]24. FUNERAL DIRECTOR D.D. Hartshorn & SonsADDRESS Union Bridge & New Windsor

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Middletown</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Middletown</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) (Middle) (Last) <u>John Henry Lutz</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1/8/1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>12/20/1858</u>
9. AGE last birthday <u>92</u> yrs.		10. If under 1 year (Month) (Day) (Hour) (Min.) <u>19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mill, ret.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>mill</u>	
11. BIRTHPLACE (State or foreign country) <u>Middletown, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Jacob Lutz</u>		14. MOTHER'S MAIDEN NAME <u>Sarah Baker</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY No. <u>none</u>	
17. INFORMANT AND ADDRESS <u>J. Franklin Lutz, Middletown, Md.</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Arterio Sclerosis (Cerebral)

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not White At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 4, 1951, to Jan 8, 1951, that I last saw the deceased

alive on Jan 6, 1951, and that death occurred at 11 m, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Jan 10/51

Marie Gladhill

Gladhill Co., Middletown, Md.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

840105

RECEIVED
JAN 23 1951
REAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0510
Reg. Dist. No. 132

1. PLACE OF DEATH. COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Middletown		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Middletown	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main Street		STREET ADDRESS (If rural, give location) Main Street	
3. NAME OF DECEASED (Type or Print)	(First) THEODORE	(Middle) CALVIN	(Last) MACKLEY
4. DATE OF DEATH	(Month) 1	(Day) 14	(Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 25 May 1871
9. AGE last birthday 79 yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Ice Cream Maker - Bert Ice Cream Co		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME David Mackley		14. MOTHER'S MAIDEN NAME Elizabeth Ann Hann	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY No. None	
17. INFORMANT AND ADDRESS Mrs. Roger P. Heck, Middletown, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.2 Immediate cause
Antecedent cause(s)
94b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(a) *Angina pectoris*
(b) *Arterio-sclerosis*
(c)

INTERVAL BETWEEN ONSET AND DEATH
6 mos. +
4 yrs. +

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *July 8, 1950*, to *Jan 14, 1951*, that I last saw the deceased alive on *Jan 13, 1951*, and that death occurred at *6:30 A* m., from the causes and on the date stated above.

SIGNATURE *E. D. Thomas* M. D. Frederick, Maryland DATE SIGNED **15 Jan 1951**

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 16 Jan 1951	NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	LOCATION (City, town, or county) Frederick, Maryland	(State)
--	------------------------------------	---	--	---------

DATE REC'D BY LOCAL REG. 15 Jan, 1951	REGISTRAR'S SIGNATURE <i>Marie Gladwell</i>	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	ADDRESS
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

690 407



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

0511

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#5	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS Braddock (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) NELLIE (Middle) VIRGINIA (Last) MAHONEY	4. DATE OF DEATH	(Month) 1 (Day) 27 (Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW	8. DATE OF BIRTH 17 July 1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME John W. Mumford		14. MOTHER'S MAIDEN NAME Susan Cochran	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY No. None	
		17. INFORMANT AND ADDRESS John F. Mahoney, Durham, Conn.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

450.0 Immediate cause (a)

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(a)

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 23, 1951, to Jan. 27, 1951, that I last saw the deceased alive on Jan. 27, 1951, and that death occurred at 2 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

29 Jan 1951

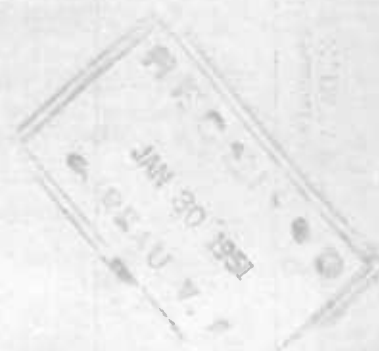
Elizabeth S. Heck

M. R. Etchison & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH: COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Emmitsburg</u> TOWN <u>Emmitsburg</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>St. Joseph's Central House</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Emmitsburg</u> TOWN <u>Emmitsburg</u> STREET ADDRESS (If rural, give location) <u>Just, St. Joseph's Central House</u>	
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)
	<u>Anna</u>		<u>Maroney</u>
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
<u>Female</u>	<u>White</u>	<u>Single</u>	<u>11/15/94</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	
<u>Nurse in Hospitals of Sisters of Charity</u>		<u>Naugatuck, Connecticut</u>	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
<u>Patrick Maroney</u>		<u>Mary Fitzpatrick</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		17. INFORMANT AND ADDRESS	
		<u>Sister Rosa, Assistant</u>	

18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
(a) <u>Carcinoma left breast</u>			<u>2 years</u>
(b) <u>with metastases to liver & lungs</u>			<u>6 months</u>
(c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
		INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>50</u> , to <u>Jan 20</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>Jan 20</u> , 19 <u>57</u> , and that death occurred at <u>7:00 A.M.</u> , from the causes and on the date stated above.			
SIGNATURE <u>W. R. Coale M.D.</u>		ADDRESS <u>Emmitsburg Md</u> DATE SIGNED <u>1-21-57</u>	
23. BURIAL OR CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>Jan. 23, 1957</u>	<u>St. Joseph's (Private)</u>	<u>Emmitsburg, Md.</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>Jan 23 - 1957</u>	<u>M. F. Shuff</u>	<u>S. L. Allison</u>	<u>Emmitsburg Md.</u>

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

058896



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 0513 131

1. PLACE OF DEATH - COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick - Rural</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Burkettsville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Emergency Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Joseph P. Preston</u>	(First) (Middle) (Last) <u>Morse</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 31 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>Jan 31 1951</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>	9. AGE last birthday <u>6 yrs.</u>	11. BIRTHPLACE (State or foreign country) <u>Frederick Co. Md.</u>
13. FATHER'S NAME <u>Preston Morse</u>		14. MOTHER'S MAIDEN NAME <u>Estelle Morris</u>	
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>m</u> (If yes, give war or dates of service)		17. INFORMANT AND ADDRESS <u>Estelle Morris - mother</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Pneumonia

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

INTERVAL BETWEEN ONSET AND DEATH

6 hours

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
SUICIDE	INJURY			
HOMICIDE				
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OCCUR?		
OF	While at			
INJURY	Work <input type="checkbox"/> Not While <input type="checkbox"/> At work <input type="checkbox"/>			

22. I hereby certify that I attended the deceased from 31 Jan....., 1957., to 31 Jan....., 1957., that I last saw the deceased

alive on 31 Jan....., 1957., and that death occurred at 9:27 A.....m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

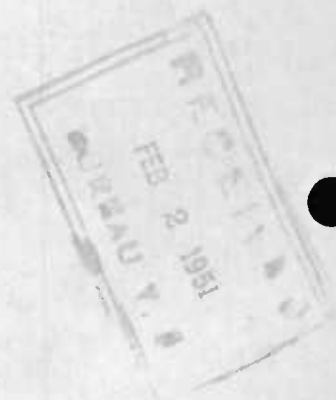
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>31 Jan 1957</u>	<u>Montrose Cem.</u>	<u>Frederick Co.</u>	<u>Md.</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>31 Jan 1957</u>	<u>Elizabeth G. Heck</u>	<u>J. M. Wachter</u>	<u>Infant</u>	

201311171327

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0514
Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u> TOWN <u>Frederick</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hosp.</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Md.</u> COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Middletown</u> TOWN <u>Rural Middletown</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>Henry</u> (Middle) <u>A.</u> (Last) <u>Norris</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1/14/</u> 19 <u>51</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>2/21/1873</u>
9. AGE last birthday <u>77</u> yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer, ret.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>farm owner</u>
11. BIRTHPLACE (State or foreign country) <u>Middletown, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Joshua Norris</u>		14. MOTHER'S MAIDEN NAME <u>Catherine McBride</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Mary Norris, Middletown, Md..</u>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
444x Immediate cause (a) <u>Acute myocarditis</u>			<u>17 weeks</u>
130 Antecedent cause(s) (b) <u>Hypertension</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last			
(c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 8, 1951</u> , to <u>Jan 14, 1951</u> , that I last saw the deceased alive on <u>Jan 13, 1951</u> , and that death occurred at <u>4:15 A.M.</u> from the causes and on the date stated above. SIGNATURE <u>J E Harp Md</u> ADDRESS <u>Middletown</u> DATE SIGNED <u>1-15-51</u>			
23. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		DATE THEREOF <u>1/17/1951</u>	
NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>		LOCATION (City, town, or county) (State) <u>Middletown, Md.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 15, 1951</u>		REGISTRAR'S SIGNATURE <u>Elizabeth B. Heck</u>	
24. FUNERAL DIRECTOR <u>Gladhill Co., Middletown, Md.</u>		ADDRESS	

290116

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH: COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Leagerstown</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Leagerstown - rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>RANNA</u> (Middle) <u>RAYMOND</u> (Last) <u>NULL</u>		4. DATE OF DEATH (Month) <u>Jan</u> (Day) <u>9</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 30, 1889</u>
9. AGE last birthday <u>61</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Factory</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>J. A. D. Null</u>		14. MOTHER'S MAIDEN NAME <u>Ida Jane Null</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>213-18-8253</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Carrie Null, Thurmont, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) carcinoma of left lungINTERVAL BETWEEN ONSET AND DEATH
1 yr. 6 mos.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.Secondary infection, emphysema of chest cavity l.1 yr. 3 mos.

19a. DATE OF OPERATION <u>Sept. 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of L. lung</u>		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE <u>no</u>		PLACE (Home, farm, factory, street, office bldg., etc.) <u>INJURY</u>		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>no</u>		INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June, 1949, to Jan. 8, 1951, that I last saw the deceased alive on Jan. 8, 1951, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>Jan. 13, 1951</u>		NAME OF CEMETERY OR CREMATORY <u>Leagerstown Cemetery</u>		LOCATION (City, town, or county) <u>Leagerstown</u>		(State) <u>Md.</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 10 1951</u>		REGISTRAR'S SIGNATURE <u>Blauche S. Eyles</u>		24. FUNERAL DIRECTOR <u>B. L. Leager</u>		ADDRESS <u>Thurmont, Md.</u>			

510499

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 05161

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MD</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Spamville</u>	
TOWN <u>Frederick</u>		TOWN <u>Spamville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Saison</u>	(Middle) <u>L</u>	(Last) <u>Page</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12-7-1872</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	9. AGE last birthday <u>78</u> yrs. If under 1 year Months <u>11</u> Days <u>25</u>
13. FATHER'S NAME <u>John J. Brownberg</u>		14. MOTHER'S MAIDEN NAME <u>Anna R. Saison</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>1</u>	
17. INFORMANT <u>Miss Margaret Brownberg</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Coronary occlusions</u>			<u>Days & hours</u>
Antecedent cause(s) (b) <u>Arteriosclerosis, generalized</u>			<u>Years</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Hypertension</u>			<u>Years</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
SUICIDE HOMICIDE	INJURY		
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 12/22, 1950, to 1/2, 1951, that I last saw the deceased alive on 1/1, 1951, and that death occurred at 8:00 A.M., from the causes and on the date stated above.

SIGNATURE <u>James B. Thomas M.D.</u>		ADDRESS <u>Frederick, Md.</u>		DATE SIGNED <u>1/2/51</u>
23. BURIAL, CREMATION REMOVAL (Specify)	DATE <u>Jan 4-1951</u>	NAME OF CEMETERY OR CREMATORY <u>Mt Olivet Cem</u>	LOCATION (City, town, or county) <u>Frederick</u>	(State) <u>MD</u>
DATE REC'D BY LOCAL REG. <u>4 Jan 1951</u>	REGISTRAR'S SIGNATURE <u>Elizabeth G. Heck</u>	24. FUNERAL DIRECTOR <u>W. E. Falconer</u>	ADDRESS <u>New Market Md</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH- COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Brunswick</u> TOWN <u>Rosemont</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Rosemont</u>		MARYLAND LENGTH OF STAY (in this place) <u>3</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Brunswick</u> TOWN <u>Rosemont</u> STREET ADDRESS (If rural, give location) <u>Rosemont</u>	
3. NAME OF DECEASED (Type or Print) <u>John</u> (First) <u>Henry</u> (Middle) <u>Palmer</u> (Last)		4. DATE OF DEATH (Month) <u>1</u> (Day) <u>10</u> (Year) <u>1951</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-25-1855</u>	9. AGE last birthday <u>95</u> yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Alabama</u>	
13. FATHER'S NAME <u>Unknown</u>		14. MOTHER'S MARRIED NAME <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>—</u>		17. INFORMANT AND ADDRESS <u>V. F. Palmer Brunswick Md.</u>	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>422.2</u>	<u>Smility</u>		
Antecedent cause(s) (b) <u>93d</u>	<u>Chronic myocarditis</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) <u>SUICIDE</u>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Sept 47, 1947, to Jan 10, 1951, that I last saw the deceased alive on Jan 10, 1951, and that death occurred at 6:50 A.M., from the causes and on the date stated above.

SIGNATURE [Signature] (Degree or title) Brunswick Md DATE SIGNED 1-11-51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE <u>1-13-51</u>	NAME OF CEMETERY OR CREMATORY <u>Mountain</u>	LOCATION (City, town or county) <u>Brunswick Md</u>	(State) <u>Md</u>
DATE REC'D BY LOCAL REG. <u>Jan. 11-51</u>		REGISTRAR'S SIGNATURE <u>Kathryn H. Brown</u>		24. FUNERAL DIRECTOR <u>C. A. Lutes Brunswick Md.</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

820105



CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>TOWN Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>TOWN Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Rosemont</u>		STREET ADDRESS (If rural, give location) <u>Rosemont</u>	
3. NAME OF DECEASED (Type or Print) <u>Francis</u> (First) <u>Petroff</u> (Middle) <u></u> (Last)		4. DATE OF DEATH <u>Jan 11</u> 19 <u>51</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>4/6/1896</u>
9. AGE last birthday <u>54</u> yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Attorney</u>		10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) <u>New York</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>William Petroff</u>		14. MOTHER'S MAIDEN NAME <u>Mary Lucy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give way or dates of service) <u>WW II</u>		16. SOCIAL SECURITY No. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Mary James Petroff</u>		18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Coronary occlusion</u>			<u>10 min.</u>
Antecedent cause(s) (b) <u>420.1</u> <u>61</u> Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Diabetes mellitus</u>			<u>5 yrs</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, or office bldg., etc.) <u>Home</u> (CITY OR TOWN) <u>Frederick</u> (COUNTY) <u>Frederick</u> (STATE) <u>MD</u>	
TIME (Month) (Day) (Year) (Hour) OF <u>Jan 11 5:10 PM</u>		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> HOW DID INJURY OCCUR	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE <u>Ruban Dymally M.D.</u> (Degree or title)		DATE SIGNED <u>1.12.51</u>	
23. BURIAL OR CREMATION <u>Removal</u> (Specify)		DATE THEREOF <u>1/15/51</u>	
NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>		LOCATION (City, town, or county) (State) <u>Frederick, Frederick, Md</u>	
24. FUNERAL DIRECTOR <u>Harry E. Garty Co.</u>		ADDRESS <u>Frederick, Md</u>	
DATE REC'D BY LOCAL REG. <u>13 Jan 1951</u>		REGISTRAR'S SIGNATURE <u>Elizabeth G. Hesk.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

0519

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Davis Avenue</u>		STREET ADDRESS (If rural, give location) <u>Davis Avenue</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>HARRY</u> (Middle) <u>THOMAS</u> (Last) <u>Phelps III</u>		4. DATE OF DEATH (Month) <u>January</u> (Day) <u>8</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Nov. 25, 1950</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>1</u> yrs. <u>14</u> months <u>14</u> days <u>14</u> hours <u>14</u> min.
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Harry T. Phelps, Jr.</u>		14. MOTHER'S MAIDEN NAME <u>Nancy Fitez</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Mr. Harry T. Phelps, Frederick, Maryland</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
921.0 Immediate cause (a) <u>asphyxiation?</u>		<u>5 min.</u>
195d Antecedent cause(s) (b) <u>To operation of Vomitus</u>		
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY <u>17612</u>	(CITY OR TOWN) <u>Frederick</u> (COUNTY) <u>Frederick</u> (STATE) <u>md</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>1.8.51.4A</u>		INJURY OCCURRED While at <input type="checkbox"/> work Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE <u>P. W. Ban</u> (Degree or title) <u>Dy. Med. Ex. Frederick Md.</u>		DATE SIGNED <u>1.12.51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>Jan. 9, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>	LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>
DATE REC'D BY LOCAL REG. <u>19 Jan 1951</u>		REGISTRAR'S SIGNATURE <u>Elizabeth H. Hersh</u>	24. FUNERAL DIRECTOR ADDRESS <u>C. E. Cline & Son, Frederick, Maryland</u>

2-0X250151385

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

REC-5144D
JAN 15 1951
PSAU V. 8

Certificate held pending report
of Dr Baer. Dept. Med. Ex. as to cause
of death.

Very truly yours,
Elizabeth G. Heck.
Registrar 131
Frederick.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

0520

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md</u> COUNTY <u>Fred.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural - Hansonville</u> LENGTH OF STAY (In this place) <u>9 yrs.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural, W. Hansonville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Mary</u> (First) <u>Ruppert</u> (Middle) (Last)		4. DATE OF DEATH (Month) <u>Jan</u> (Day) <u>2</u> (Year) <u>1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>May 8, 1874</u>
9. AGE last birthday <u>76</u> yrs.		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Virginia</u>	
13. FATHER'S NAME <u>unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No. <u>—</u>	
17. INFORMANT AND ADDRESS <u>Fred. Co. Welfare Board</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Coronary occlusion</u>		<u>1 week</u>
Antecedent cause(s) (b) <u>420.1</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>94a</u>		
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) <u>Home</u> (CITY OR TOWN) <u>W. Hansonville</u> (COUNTY) <u>Frederick</u> (STATE) <u>Md</u>
TIME (Month) (Day) (Year) (Hour) OF DEATH <u>1.2.51 P. m.</u>	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>
HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Autopsy ☐. Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>1/7/51</u>	NAME OF CEMETERY OR CREMATORY <u>Glade</u>	LOCATION (City, town, or county) <u>W. Walkersville</u> (State) <u>Md</u>
24. FUNERAL DIRECTOR		ADDRESS		
DATE REC'D BY LOCAL REG. <u>6 Jan 1951</u>		REGISTRAR'S SIGNATURE <u>Elizabeth G. Hecks</u>		
24. FUNERAL DIRECTOR <u>G. C. Barton</u>		ADDRESS <u>Walkersville, Md.</u>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

0521

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Baltimore</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>From 11/9/50 to 1/11/51</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Baltimore 6</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>State Sanatorium</u>		STREET ADDRESS (If rural, give location) <u>3912 Putty Hill Ave.</u>	
3. NAME OF DECEASED (Type or Print) <u>Frank</u>	(First) <u>A.</u>	(Middle) <u>Schraml</u>	(Last)
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>April 28, 1888</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mattress Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>62 yrs.</u>
13. FATHER'S NAME <u>Jacob Schraml</u>		14. MOTHER'S MAIDEN NAME <u>Johanna Tauber</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No. <u>Lost</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
17. INFORMANT <u>Patient</u>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Pulmonary Tuberculosis</u>			<u>13 mos.</u>
Antecedent cause(s) (b) <u>13b</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office hldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

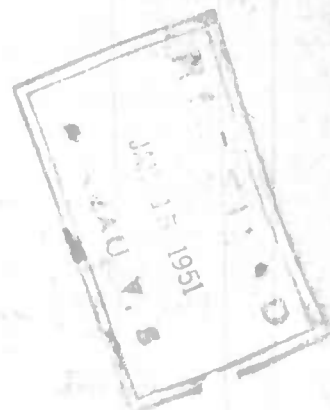
22. I hereby certify that I attended the deceased from Nov. 9, 1950, to Jan. 11, 1951, that I last saw the deceased alive on Jan. 11, 1951, and that death occurred at 1:50 A.m., from the causes and on the date stated above.

SIGNATURE <u>J. B. Ryan</u>	(Degree or title) <u>M.D.</u>	ADDRESS <u>State Sanatorium, Md.</u>	DATE SIGNED <u>1/12/51</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>Jan 12 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Parkwood Cemetery</u>	LOCATION (City, town, or county) (State) <u>B310 Taylor Ave., Balto., Md.</u>
DATE REC'D BY LOCAL REG. <u>1/11/51</u>	REGISTRAR'S SIGNATURE <u>J. B. Ryan</u>	24. FUNERAL DIRECTOR <u>Leonard J. Ruck</u>	ADDRESS <u>5305 Harford Rd. Balto., Md.</u>

690307

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0522 131
Reg. Dist. No.

1. PLACE OF DEATH: COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Thurmont</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial</u>		STREET ADDRESS (If rural, give location) <u>R.D. - 1</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Mrs. Lola</u> (Middle) <u>E.</u> (Last) <u>Shawver</u>		4. DATE OF DEATH (Month) <u>Jan.</u> (Day) <u>7</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 18, 1899</u>
9. AGE last birthday <u>51</u> yrs.		10. If under 1 year: Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dom. Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Milton Stowers</u>		14. MOTHER'S MAIDEN NAME <u>Victoria (Unknown)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u> </u>	
17. INFORMANT AND ADDRESS <u>Albert H. Shawver, Thurmont, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Cerebral Thrombosis

Antecedent cause(s)

(b) Arteriosclerosis(c) Arteriosclerotic Heart Disease

Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last

INTERVAL BETWEEN ONSET AND DEATH

2 days

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION <u>12/30/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Bangore Lt. Leg. Amputation</u>		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE <u> </u> (Specify) <u> </u>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u> </u>		(CITY OR TOWN) <u> </u> (COUNTY) <u> </u> (STATE) <u> </u>	
TIME (Month) <u> </u> (Day) <u> </u> (Year) <u> </u> (Hour) <u> </u>		INJURY OCCURRED OF INJURY <u> </u> m. While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR? <u> </u>	

22. I hereby certify that I attended the deceased from 12/26, 1950, to 1/7, 1951, that I last saw the deceased alive on Jan 7, 1951, and that death occurred at 8:40 A. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>Jan. 10, 1951</u>		NAME OF CEMETERY OR CREMATORY <u>Frederick Md.</u>		LOCATION (City, town, or county) <u> </u> (State) <u> </u>	
DATE REC'D BY LOCAL REG <u>9 Jan 1951</u>		REGISTRAR'S SIGNATURE <u>Elizabeth G. Heck</u>		24. FUNERAL DIRECTOR <u>M. S. Leigerson Son.</u>		ADDRESS <u>Thurmont, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

0523

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Washington</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>From 6/24/49 to 1/22/51</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Hagerstown</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>State Sanatorium</u>		STREET ADDRESS (If rural, give location) <u>62 Elizabeth Street</u>	
3. NAME OF DECEASED (First) (Middle) (Last) <u>Quentin</u> <u>Shrader</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 22 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June 30, 1907</u>
9. AGE last birthday <u>43</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Walter</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>George Shrader</u>		14. MOTHER'S MAIDEN NAME <u>Annie Poffenberger</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If year, give year or dates of service) <u>Yes Navy 4 yrs. (1924-1927)</u>		16. SOCIAL SECURITY No. <u>377-16-1561</u>	
17. INFORMANT <u>Patient</u>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Pulmonary Tuberculosis</u>			<u>21 mos.</u>
Antecedent cause(s) (b) <u>13b</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June 24, 1949, to Jan. 22, 1951, that I last saw the deceased alive on Jan. 22, 1951, and that death occurred at 5:20 P.m., from the causes and on the date stated above.

SIGNATURE J. B. Ryan, Jr. M.D. (Degree or title) ADDRESS State Sanatorium, Md. DATE SIGNED 1/24/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	<u>1-29-51</u>	<u>Blue Ridge Cem.</u>	<u>Thurmont, Md.</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>1/22/51</u>	<u>J. B. Ryan</u>	<u>R. L. Creager</u>	<u>Thurmont, Md.</u>	

720826

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES OF AMERICA

DEPARTMENT OF THE ARMY

OFFICE OF THE ADJUTANT GENERAL

WASHINGTON, D. C.

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MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

0524

Reg. Dist. No. 141

1. PLACE OF DEATH- COUNTY <u>Fredrick</u> CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Brunswick</u> TOWN <u>West "B" St. (near)</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>West "B" St. (near)</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Fred.</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Brunswick</u> TOWN <u>Brunswick</u> STREET ADDRESS <u>19 East C St Brunswick Md.</u>	
3. NAME OF DECEASED (Type or Print) <u>Herbert</u> (First) <u>Speaks</u> (Last)		4. DATE OF DEATH (Month) <u>Jan.</u> (Day) <u>16</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>6-15-1880</u>
9. AGE last birthday <u>70</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>Virginia</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired R. R. Crossing Watchman</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>Unknown</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No. <u>705-07-7757</u>	
17. INFORMANT AND ADDRESS <u>Mrs Nellie M. Jaulton Brunswick Md.</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Coronary occlusion</u> Antecedent cause(s) (b) <u>420.1</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>940</u> <u>Myocardial infarction</u>		<u>Myocardial infarction</u>

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION

21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>Home</u>	(CITY OR TOWN) <u>Brunswick</u>	(COUNTY) <u>Fredrick</u>	(STATE) <u>Md.</u>
TIME (Month) (Day) (Year) (Hour) OF DEATH <u>1/16/51 4 P.M.</u>	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE DR. R. W. BAER (Degree or title) DATE SIGNED 1.16.51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>1-19-51</u>	<u>Heights</u>	<u>Brunswick</u>	<u>Maryland</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS		
<u>Jan. 18-51</u>	<u>Kathryn H. Brown</u>	<u>C.H. Feste & Bro. Brunswick Maryland</u>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0525

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	
TOWN <u>Frederick</u>		TOWN <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Katharine A. R. Strine</u>		4. DATE OF DEATH (Month) <u>Jan</u> (Day) <u>29</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 5, 1875</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	9. AGE last birthday <u>76</u> yrs. If under 1 year Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Frederick Co. Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Martin L. Stauffman</u>		14. MOTHER'S MAIDEN NAME <u>Sarah Myrner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>—</u>	
17. INFORMANT <u>Gregg J. Strine</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.5 Immediate cause

(a) Bronchopneumonia

INTERVAL BETWEEN ONSET AND DEATH

2 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) metastatic carcinoma of mediastinum(c) source undetermined5 mo.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Arteriosclerosis, generalized15 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1950, to 28 Jan 1951, that I last saw the deceasedalive on 28 Jan 1951, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

30 Jan 1951Elizabeth B. HeckWalker & Hartley 2400 E. 24th

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 2 1955
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH- COUNTY Frederick County MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Frederick MARYLAND COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Emmitsburg, Md.		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Emmitsburg, Maryland	
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Joseph's Central House		STREET ADDRESS (If rural, give location) St. Joseph's Central House	
3. NAME OF DECEASED (Type or Print)	(First) Marie	(Middle) Lucille	(Last) Thiac
4. DATE OF DEATH	(Month) 1	(Day) 11	(Year) 19 51
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Sister of	8. DATE OF BIRTH Charity 5/30/79 71 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Duties in Hospitals		10b. KIND OF BUSINESS OR INDUSTRY (Religious)	
11. BIRTHPLACE (State or foreign country) Bayou la Fourche, La.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Joseph Octave Thiac		14. MOTHER'S MAIDEN NAME Cecilia Truxillo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS Sister Martina, Treasurer			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443x Immediate cause

(a) Cerebral Hemorrhage.

INTERVAL BETWEEN ONSET AND DEATH

2 days

93d Antecedent cause(s)
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Cardiovascular Disease - several years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 1945, to Jan 11, 1951, that I last saw the deceased

alive on Dec 10, 1951, and that death occurred at 1A m., from the causes and on the date stated above.

SIGNATURE W. R. Coddle M.D. ADDRESS Emmitsburg Md. DATE SIGNED 1-11-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/13/51	St. Joseph's Cemetery	Emmitsburg, Md. (Private)

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 11 - 1951	W. R. Coddle	L. L. Allison	Emmitsburg Md

058896

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 140

0527

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>md</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Woodboro</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Woodboro Rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS <u>W Woodboro</u>	
3. NAME OF DECEASED (First) (Middle) (Last) <u>Daisy</u> <u>Lorraine</u> <u>Toms</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan</u> <u>5</u> <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 18 1877</u>
9. AGE last birthday <u>73</u> yrs.		10. AGE last birthday If under 1 year If under 24 hrs. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>md</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. FATHER'S NAME <u>Martin Luther Eyer</u>		14. MOTHER'S MAIDEN NAME <u>Katherine Eyer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No.	
17. INFORMANT <u>Mr John H Toms</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Acute myocardial failure

INTERVAL BETWEEN ONSET AND DEATH

2 daysAntecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last(b) Thyrotosis Cardio-vascular Disease15 yearsII. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1 Nov, 1950, to 5 Jan, 1951, that I last saw the deceased alive on 5 Jan, 1951, and that death occurred at m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>Jan 9-1951</u>	<u>Mt Hope</u>	<u>Woodboro</u>	<u>md</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>Jan 8, 1951</u>	<u>L L Powell</u>	<u>B C Barton</u>	<u>Walkersville md</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 144

0528

1. PLACE OF DEATH- COUNTY Frederick CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rocky Ridge HOSPITAL OR INSTITUTION OR STREET ADDRESS		MARYLAND LENGTH OF STAY (in this place) 13-11-5		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Md COUNTY Fredk. CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rocky Ridge STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (First) MELVIN (Type or Print)		(Middle) DELANO		(Last) VALENTINE	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Feb. 9. 1937	9. AGE last birthday 13 yrs	4. DATE OF DEATH Jan. 14. 1951
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At School		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Fredk. Co. Md	12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Robert E. Valentine		14. MOTHER'S MAIDEN NAME Kathryne Ogle			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No		16. SOCIAL SECURITY No. No		17. INFORMANT Kathryne Valentine Rocky Ridge MD	

18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
353.1 Immediate cause (a) Terminal Bronchopneumonia				6 days	
Antecedent cause(s) (b) Grand mal epilepsy				6 years	
107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) with degenerative cerebral disease					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 43 , 19 51 , to Jan 14 , 19 51 , that I last saw the deceased alive on Jan 13 , 19 51 , and that death occurred at 9:30 p.m. , from the causes and on the date stated above.					
SIGNATURE H. P. Cade MD		(Degree or title) Thurmont Md		DATE SIGNED 1-15-51	
23. BURIAL, CREMATION REMOVED (Specify) Buried		DATE Jan. 17. 51		NAME OF CEMETERY OR CREMATORY Mt Tabor Cem.	
LOCATION (City, town, or county) Rocky Ridge		MD (State)			
DATE REC'D BY LOCAL REG Jan. 16 1950		REGISTRAR'S SIGNATURE Blanche S. Eyles		24. FUNERAL DIRECTOR M, L, Creager & Son	
				ADDRESS Thurmont Md	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 18 1951
6 20 PM '51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural - Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>		STREET ADDRESS <u>3 Miles West of Frederick</u>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>GERTRUDE</u> <u>IONE</u> <u>WAY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 29</u> <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 8, 1868</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	9. AGE last birthday <u>82</u> yrs. If under 1 year 12 months. If under 24 hrs. Days Hours Mins.
11. BIRTHPLACE (State or foreign country) <u>New Hampshire</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Samuel Beane</u>		14. MOTHER'S MAIDEN NAME <u>Isadora Bowers</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Mr. Harry L. Way, R.F.D. 5, Frederick, Md.</u>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u>
Immediate cause <u>422.2</u>	(a) <u>Congestive Heart Failure</u>	
Antecedent cause(s) <u>93d</u>	(b) <u>Chronic Myocarditis</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While at work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan 8, 1951, to Jan 29, 1951, that I last saw the deceased alive on Jan 29, 1951, and that death occurred at 2:53 P.m., from the causes and on the date stated above.

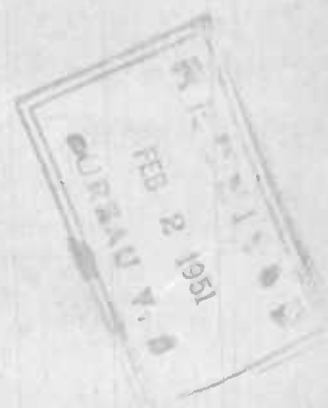
SIGNATURE Howard W. Ash M.D. ADDRESS Frederick Md 1-30-51
(Degree or title)

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>Feb. 1, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Arlington Cemetery</u>	LOCATION (City, town, or county) <u>Drexel Hill, Pa.</u>	(State) <u>Pa.</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>30 Jan 1951</u>	24. FUNERAL DIRECTOR <u>C. E. Cline & Son, Frederick, Maryland</u>		ADDRESS	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 141

0530

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Fred.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Brunswick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Brunswick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>311 West Plume St</u>		STREET ADDRESS (If rural, give location) <u>311 West Plume St</u>	
3. NAME OF DECEASED (Type or Print) <u>George</u> (First) <u>G.</u> (Middle) <u>Wayble</u> (Last)		4. DATE OF DEATH <u>Jan.</u> (Month) <u>11</u> (Day) <u>1951</u> (Year)	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 15-1868</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>R.R. Steam</u>	9. AGE last birthday <u>82</u> yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
13. FATHER'S NAME <u>Amos H. Wayble</u>		14. MOTHER'S MAIDEN NAME <u>Ann Rebecca Davis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If year, give year or dates of service)		16. SOCIAL SECURITY No. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Hazel N. Good Brunswick Md.</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Stroke</u>		
Antecedent cause(s) (b) <u>450.0</u>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>97</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) <u>SUICIDE</u>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>m.</u>		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from <u>1/11/51</u> 19 <u>51</u> , to <u>1/11/51</u> 19 <u>51</u> , that I last saw the deceased alive on <u>1/11/51</u> 19 <u>51</u> , and that death occurred at <u>6:30 p.m.</u> from the causes and on the date stated above.					
SIGNATURE <u>[Signature]</u> (Degree or title)		ADDRESS <u>Brunswick Md.</u>		DATE SIGNED <u>1/12/51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE <u>1-14-51</u>		NAME OF CEMETERY OR CREMATORY <u>Green Hill</u>	
LOCATION (City, town, or county) (State) <u>Martinsburg West Virginia</u>		24. FUNERAL DIRECTOR <u>G. H. Felt</u>		ADDRESS <u>Brunswick Md.</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 13-51</u>		REGISTRAR'S SIGNATURE <u>Kathryn H. Brown</u>			

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

583506



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick-Rural RD#5</u> STREET ADDRESS (If rural, give location) <u>Linden Lodge</u>	
3. NAME OF DECEASED (Type or Print) <u>Willie</u> (First) <u>Woodrow</u> (Middle) <u>Wilson</u> (Last)	4. DATE OF DEATH <u>Jan 24</u> (Month) <u>1951</u> (Year)	5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>14 Dec 1914</u>	9. AGE last birthday <u>36</u> yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>
11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	13. FATHER'S NAME <u>W. D. Wilson</u>	14. MOTHER'S MAIDEN NAME <u>Dora Paul</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>456-26-3330</u>	17. INFORMANT AND ADDRESS <u>Mrs. Grace Wilson, R. F. D. #5, Frederick, Md.</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a)

Virus Pneumonia1 week

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Toxic myocardiopathy due to chronic alcoholism

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1950, to Jan. 24, 1951, that I last saw the deceasedalive on Jan. 24, 1951, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Arthur F. WoodwardM.D.Frederick, Md.1/24/51

23. BURIAL, CREMATION OR INTERMENT (Specify)

DATE THEREOF
27 Jan 1951NAME OF CEMETERY OR CREMATORY
Mount Olivet CemeteryLOCATION (City, town, or county)
Frederick, Maryland

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

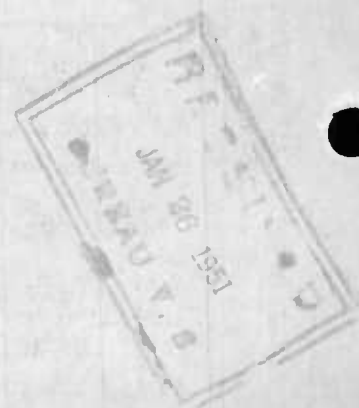
25 Jan 1951Elizabeth G. HeckM. R. Etchison & Son, Frederick, Md.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

574246



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

0532

1. PLACE OF DEATH COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Buckeystown</u> TOWN <u>Buckeystown</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Buckeystown</u> TOWN <u>Buckeystown</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>VIRGINIA</u> (First) <u>M.</u> (Middle) <u>WISE</u> (Last)		4. DATE OF DEATH <u>January 14</u> (Month) <u>14</u> (Day) <u>19 51</u> (Year)	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED? (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>4-23-1874</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	9. AGE last birthday <u>76</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>West Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Alfred McCuskey</u>		14. MOTHER'S MAIDEN NAME <u>Mary Ewing</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Harriet McCuskey, Frederick, Maryland</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
174x Immediate cause (a) <u>Carcinomatous, probably</u>		<u>7</u>
48b Antecedent cause(s) (b) <u>Arising from the Uterus or Ovary</u>		
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 9, 1951, 1947, to Jan 14, 1951, that I last saw the deceased alive on Jan 9, 1951, and that death occurred at 11:00 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>Jan. 17, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>	LOCATION (City, town, or county) <u>Frederick, Maryland</u>	(State)
DATE REC'D BY LOCAL REG. <u>16 Jan 1951</u>	REGISTRAR'S SIGNATURE <u>Elizabeth G. Heck</u>	24. FUNERAL DIRECTOR <u>C. E. Cline & Son, Frederick, Maryland</u>	ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECORDED
JAN 18 1951
FBI - A. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0533

CERTIFICATE OF DEATH

Reg. Dist. No. 144

FILED No. G 130 JAN 29 1951

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Thurmont</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Thurmont</u> RD #1	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Sarah</u>	(Middle) <u>Elizabeth</u>	(Last) <u>Wolfe</u>
4. DATE OF DEATH	(Month) <u>Jan</u>	(Day) <u>19</u>	(Year) <u>1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Dec. 3, 1876</u>
9. AGE last birthday <u>74</u> yrs.		10. If under 1 year Months <u>1</u> Days <u>16</u> Hours <u>16</u> Min.	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. FATHER'S NAME <u>Jacob Nunemaker</u>	
14. MOTHER'S MAIDEN NAME <u>Sarah Jamison</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY No. <u>None</u>		17. INFORMANT AND ADDRESS <u>Mrs. Esther Miller, Thurmont, Md.</u>	

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Carcinomatosis</u>	<u>3 mo.</u>
Antecedent cause(s) (b) <u>Carcinoma of left ovary</u>	<u>1 yr.</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Chronic myocarditis</u>	<u>?</u>

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Oct. 1, 1950, to Jan. 19, 1951, that I last saw the deceased alive on Jan. 19, 1951, and that death occurred at 7:15 P. m., from the causes and on the date stated above.

SIGNATURE Dr. Frank B. Buehler ADDRESS Thurmont, Md. DATE SIGNED 1/20/51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>Jan 22, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Mt. Prospect Cemetery</u>	LOCATION (City, town, or county) <u>Thurmont, Md.</u>	(State)
DATE REC'D BY LOCAL REG. <u>Jan 22, 1951</u>	REGISTRAR'S SIGNATURE <u>Blanche S. Eyer</u>	24. FUNERAL DIRECTOR <u>M. S. Cragg & Son</u>	ADDRESS <u>Thurmont</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 24 1951
S. A. DYER
HEAD V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

0534

1. PLACE OF DEATH COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick-Rural RD#5		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick-Rural RD#1	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital		STREET ADDRESS (If rural, give location) Mount Pleasant	
3. NAME OF DECEASED (Type or Print)	(First) JENNIE	(Middle) BELLE	(Last) ZIMMERMAN
6. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 2 April 1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday 74 yrs.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Lewis I. Ausherman		14. MOTHER'S MAIDEN NAME Ann Catherine Delauter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No. None	
17. INFORMANT AND ADDRESS Mrs. C. Welty Wastler, Frederick, Maryland		R. F. D. #1,	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

260x Immediate cause

(a) Cerebral Thrombosis

1 month

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Diabetes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Dec 1, 1950, to Jan 15, 1951, that I last saw the deceased

alive on Jan 14, 1951, and that death occurred at 1:40 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Bernard O. Jumas

M. D.

Frederick, Maryland

15 Jan 1951

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	17 Jan 1951	Pleasant Hill Cemetery	Monrovia, Maryland	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS		
15 Jan 1951	Elizabeth S. Heck	M. R. Etchison & Son, Frederick, Maryland		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

